

**THE EXPERIENCE OF CPE STUDENTS
IN A VETERAN HEALTHCARE SETTING**

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A DEMONSTRATION PROJECT

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ABSTRACT

The experience of the American Veterans is a journey often filled with pain and suffering. Often they come back home to face a changed society, family, friends and self. The military and combat has deeply affected their body, mind and soul. They return from combat often afflicted with Post Traumatic Stress Disorder (PTSD). They are faced with the dilemma of “Thou shall not kill”, a belief that is taught in secular and religious society. This conflict creates a spiritual conflict which results in spiritual injury. Clinical Pastoral Education (CPE) students who minister in Veteran medical facilities face a unique set of challenges as CPE students than their counterparts who work in non-veteran medical facilities. This research project examines six CPE students and the effect their CPE ministry among veterans have on their learning experiences. The project examines which CPE tools prove most effective for use in a VA setting.

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INTRODUCTION

Many veterans who have served our country have experienced extensive war related trauma and have found themselves in isolation and spiritual distress upon their return to the civilian life. These men and women have struggled with ethical and moral codes of conduct of religious and secular values. Their combat experience often made them find themselves in personal intrapsychic/spiritual conflict with the moral code that they learned as children: “*Thou shall not kill.*”¹ (Exodus 20:13). The spiritual journey towards recovery is filled with moments of psychic and spiritual pain which is often experienced as isolation, loneliness, nightmares, and flashbacks in a culture that does not fully understand the consequences of war and violence on the human person.

These men and women have not only risked their own lives in the fields of combat and come face to face with the threat of death each and every hour, but they have also experienced tremendous losses. These losses may have been due to physical disability caused by getting shot or blown up with grenades, but also from the deaths of those they fought with side by side – their own fellow soldiers and the enemy. Some are also filled with grief over the innocent who suffered at their hands – a young boy caught in the crossfire, or a young woman raped by himself or his buddies. These men and women often suffer from combat-induced Post Traumatic Stress Disorder and spiritual pain and injury. How do they fit back and integrate in society?

In their ministry Clinical Pastoral Education (CPE) students in a Veterans Administration setting are frequently faced with these men and women who are physically, emotionally, and spiritually injured due to their military and combat experience. It is a challenging, demanding and daunting task that requires clinical expertise, commitment to the person’s journey,

¹ *The New American Bible*, Compact ed. (Oxford: Oxford University Press, 2004), 67.

compassion, understanding, love and care. The spiritual/religious care that these CPE students offer to these veterans means meeting them where they're at rather than where the CPE students want them to be. It means journeying with the veterans, listening to their lament of anguish, pain and suffering. This demonstration project hopes to examine the spiritual, emotional and psychological impact upon the CPE student as he or she ministers to veterans. Specifically, it will examine the conflict between the moral message, "Thou shalt not kill," and killing during war time. It will also explore which Clinical Pastoral Education (CPE) tools are most effective in ministering to the veterans and enhancing the clinical skills of the student.

CHAPTER 1: THE SETTING

GENERAL SETTING

The VA New York Harbor Healthcare System (VA NYHHS) has three main campuses located in Bay Ridge, Brooklyn, on East 23rd Street in Manhattan, and in St. Albans, Queens. Ambulatory Care Centers at each of the three campuses provide services such as primary care and specialty care, like optometry, podiatry, audiology and dental services. Community Based Outpatient Clinics for veterans are located in Harlem, SoHo, Bedford-Stuyvesant, downtown Brooklyn, and Staten Island.

The New York Campus has a 171-bed hospital providing care in acute medicine, surgery, acute psychiatry, neurology, and rehabilitation medicine. The campus is a cardiac surgery and neurosurgery referral center. The facility has been at the forefront of clinical care and research for patients with HIV/AIDS since the beginning of the epidemic.

The Brooklyn Campus is a 386-bed hospital providing care in acute medicine, surgery, psychiatry, and residential substance abuse. Specialized programs exist in comprehensive cancer care and non-invasive cardiology. The Cancer Care Program includes special expertise in palliative care and radiation oncology. It has an active and productive basic research program in this area as well.

The St. Albans Primary and Extended Care Center serves the metropolitan area with specialized geriatric care. The Center's services include extended care rehabilitation, psycho-geriatric care, general nursing home care, and domiciliary care, providing psychosocial and independent living skills rehabilitation.

VA New York Harbor Healthcare System has one of the largest Healthcare for Homeless Veterans Programs in the nation. The Program has three facets: Homeless Chronically Mentally Ill, VA Supported Housing, and Social Security Administration/VA Initiative. Through this program, veterans are provided appropriate healthcare, placed in housing, and assisted in finding jobs and in many other important aspects of living. VA New York Harbor Healthcare System supports five Veterans Outreach Centers clinically, administratively and pastorally.

SPECIFIC SETTING

“Clinical Pastoral Education is interfaith professional education for ministry. It brings theological students and ministers of all faiths (pastors, priests, rabbis, imams and others) into supervised encounter with persons in crisis. Out of an intense involvement with persons in need, and the feedback from peers and teachers, students develop new awareness of themselves as persons and of the needs of those to whom they minister. From theological reflection on specific human situations, they gain a new understanding of ministry. Within the interdisciplinary team process of helping persons, they develop skills in interpersonal and interprofessional relationships.”²

VA New York Harbor Healthcare System CPE Program provides an educational process to prepare qualified candidates to function effectively as professional persons committed to spiritual care. Those candidates considered qualified for chaplaincy in the VA setting are ordained persons of any faith who have been endorsed by their endorsing religious bodies. The educational and training aspects of the program are designed as a holistic process with specific

² *What is Clinical Pastoral Education?* [Frequently Asked Questions about ACPE Clinical Pastoral Education] (accessed 16 July, 2006); available from <http://www.acpe.edu/faq.htm#faq1>.

focus on the following components: clinical experience, individual supervision, interpersonal group work, reflection, worship and didactic seminars. The faculty and staff of the program provide a clinical, pastoral setting for candidates seeking education in spiritual care within their religious denominations. The mission of the CPE program includes preparing students for certification as chaplains with their official, denominational endorsing bodies, which in turn, endorses their ministry of spiritual care. The purpose of CPE is to help students grow in their ability to translate their textbook knowledge and theology or religious beliefs and dogma into the clinical setting with actual interpersonal relationships with people. Often seminaries and religious institutions that prepare men and women in ministry do not give the opportunity to do the action-reflection-action model in practice. The founder of CPE, Anton Boisen, coined the phrase “human living documents.” The patient is the textbook from which student learns and dialogues with so that he/she can grow personally, professionally, and theologically.

The CPE Program provides the following strategies for the provision of professional education in ministry by providing:

- Diverse experiences for the students

- Our students are assigned throughout the VA New York Harbor Healthcare System
- They can work providing spirituality groups
 - To homeless veterans
 - To veterans in the substance abuse recovery program
 - To veterans in a palliative care setting
- They provide one-on-one spiritual care

- With opportunities to talk about one's faith journey and one's struggle in that journey
 - With opportunities to pray individually with veterans
 - Catholic clergy provide the sacraments of Eucharist and Healing to interested Catholic veterans
- They provide worship services for various faith groups
 - Catholic priests celebrate daily mass with veterans
 - Episcopalian, Baptist, and Non-denominational Protestant clergy conduct services for veterans
 - Rabbis and the Imams provide religious rituals that are appropriate to their religious tradition.
- Opportunities to work in existing interdisciplinary programs/projects
 - CPE students are members of the healing team in a holistic healthcare model
 - CPE students interface with physicians, psychiatrists, nurses, and social workers
 - CPE students offer a contribution in specialized programs such as the Torch Program where they provide spirituality groups for homeless veterans
 - CPE students offer care in the Palliative Care program where the CPE student is an integral part of the team. Since Palliative Care deals with patients who are dying, spiritual care is a core component to the patient's holistic care.

FOCUS SITUATION

In the CPE setting, students are challenged to integrate their chaplaincy experiences.

Drawing upon their spirituality, CPE training and supervision, they provide quality spiritual care

to the Veteran patients to whom they minister. This demonstration project will explore the integration process that occurs within the 10 week Residency CPE Unit. This research will enable CPE Supervisors to enhance program curricula to meet the specific learning needs and better serve the patients.

The Association of Clinical Pastoral Education (ACPE) accredits Clinical Pastoral Education programs and provides certification to chaplains who have completed their pastoral training. ACPE CPE programs have two levels: Level I and Level II, which allows for a progressive learning experience for the student. The curriculum for Level I and Level II are outlined in the ACPE Standards manual found on the ACPE website.³ The manual addresses pastoral formation, pastoral competence, and pastoral reflection with standards or outcomes that the students are expected to achieve while in the CPE program.

ACPE has as part of its learning curriculum the development of pastoral formation, pastoral competence, and pastoral reflection as found in Standards 309.1-309.3. The objectives of pastoral formation are to develop students' awareness of themselves as ministers and of the ways their ministry affects persons, to develop students' awareness of how their attitudes, values, assumptions, strengths, and weaknesses affect their pastoral care, to develop students' ability to engage and apply the support, confrontation and clarification of the peer group for the integration of personal attributes and pastoral functioning.⁴ The specific outcomes expected in pastoral formation in CPE Level I are that the student will articulate the central themes of their religious heritage and the theological understanding that informs their ministry, identify and discuss major life events, relationships and cultural contexts that influence personal identity as expressed in

³ *ACPE Standards Manual. Revised January 2005.* [2005 Standards Manual] (Decatur, GA: Standards Committee, Association for Clinical Pastoral Education, Inc., 2005, accessed 18 July, 2006); available from <http://www.acpe.edu/manuals.htm>.

⁴ Ibid., 10.

pastoral functioning, and to initiate peer group and supervisory consultation and receive critique about one's ministry practice.⁵ The specific outcomes expected in pastoral formation in CPE Level II are that the student will articulate an understanding of the pastoral role that is congruent with their personal values, basic assumptions and personhood.⁶

The objectives of pastoral competence are to develop students' awareness and understanding of how persons, social conditions, systems, and structures affect their lives and the lives of others and how to address effectively these issues through their ministry, to develop students' skills in providing intensive and extensive pastoral care and counseling to persons, to develop students' ability to make effective use of their religious/spiritual heritage, theological understanding, and knowledge of the behavioral sciences in their pastoral care of persons and groups, to teach students the pastoral role in professional relationships and how to work effectively as a pastoral member of a multidisciplinary team, and to develop students' capacity to use one's pastoral and prophetic perspectives in preaching, teaching, leadership, management, pastoral care, and pastoral counseling.⁷ The specific outcomes expected in pastoral competence in CPE Level I are that the student will risk offering appropriate and timely critique, recognize relational dynamics within group contexts, demonstrate integration of conceptual understandings presented in the curriculum into pastoral practice, and initiate helping relationships within and across diverse populations.⁸ The specific outcomes expected in pastoral competence in CPE Level II are that the student will provide pastoral ministry to diverse people, taking into consideration multiple elements of cultural and ethnic differences, social conditions, systems, and justice issues without imposing their own perspectives, will demonstrate a range of pastoral

⁵ Ibid., 11.

⁶ Ibid., 12.

⁷ Ibid., 10.

skills, including listening/attending, empathic reflection, conflict resolution/confrontation, crisis management, and appropriate use of religious/spiritual resources, will assess the strengths and needs of those served, grounded in theology and using an understanding of the behavioral sciences, will manage ministry and administrative function in terms of accountability, productivity, self-direction, and clear, accurate professional communication, will demonstrate competent use of self in ministry and administrative function which includes: emotional availability, cultural humility, appropriate self-disclosure, positive use of power and authority, a non-anxious and non-judgmental presence, and clear and responsible boundaries.⁹

The objectives of pastoral reflection are to develop students' understanding and ability to apply the clinical method of learning, and to develop students' abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one's ministry.¹⁰ The specific outcomes for pastoral reflection of CPE Level I are that the student will use the clinical methods of learning to achieve their educational goals, and formulate clear and specific goals for continuing pastoral formation with reference to personal strengths and weaknesses.¹¹ The specific outcomes for pastoral reflection of CPE Level II are that the student will establish collaboration and dialogue with peers, authorities and other professionals, and demonstrate self-supervision through realistic self-evaluation of pastoral functioning.¹²

CHALLENGE STATEMENT

CPE Students in the Veteran Administration New York Harbor Healthcare System are uniquely impacted by the patients' experiences in a VA culture and milieu. This project will

⁸ Ibid., 11-12.

⁹ Ibid., 12-13.

¹⁰ Ibid., 11.

¹¹ Ibid., 12.

¹² Ibid., 13.

engage the students around their ministry with VA patients. It will identify which pastoral skills most effectively help students process their learning with veterans. This project will determine the implications for ministry for the CPE Supervisor working in the VA and/or those in ministry working with veterans outside the VA setting.

CHAPTER 2: PRELIMINARY ANALYSIS OF THE CHALLENGE

This topic was of interest to me because Clinical Pastoral Education is training that can be applicable to any ministry setting. One learns the practical skills to engage the patient, the parishioner, or the client, the skill to be with the client wherever the client is at, and to listen to the client. However, the components of CPE need to be tailored to the needs of the particular population to whom the students minister. For example, the didactics should provide not only material on empathic listening and pastoral counseling skills, but also a contextual understanding of issues that are pertinent to the patients or clients of that setting. At VA New York Harbor Healthcare System, the students work with a veteran population who is often experiencing the effects of Post Traumatic Stress Disorder (PTSD) and/or other co-occurring disorders including physical limitations or disabilities, or substance abuse. These co-occurring disorders may or may not be combat related. Learning about any of the pain and suffering the veteran experiences will help to contextualize his suffering and his spiritual journey. To work with the veteran population as a chaplain, it is also important to understand the spiritual needs of the veterans and also the impact that these veterans have on the CPE students.

Scripturally speaking, God has mandated both in Jewish and Christian Scriptures the commandment of “*Thou shall not kill*”¹³ (Exodus 20:13). However, war and combat put the veteran in a situation where they have to kill in order not to be killed or to defend their country’s honor and interests. This poses a theological dilemma because the veteran experiences a spiritual/religious and psychological inner conflict due to their upbringing with secular and religious principles which prohibit taking the life of another person.

The Story of Sam

¹³ *The New American Bible*, 67.

Sam is a Catholic veteran who at age 17 was urged by his parents to enlist in the armed services. Sam came from a family where patriotism is strong. Ever since he was a child he went to the parades each summer where the veterans marched in the parade in their uniforms and carried rifles and one even carried the flag. Everyone on the streets commented on how proud they were of these young men who served their country. Sam's father was an army veteran as well. After Church each Sunday, Sam's father stopped at the VFW where Veterans of Foreign War congregated and told their stories over a beer. Sam remembers drinking orange soda and patiently waiting for his father to be ready to go home. When he reached 17, the youngest age at which a young man may enlist, Sam's parents put pressure on Sam to enlist. He succumbed to the pressure, but it wasn't that difficult, because he half heartedly wanted to make his parents proud. When he was in boot camp, Sam learned to fire a rifle and he very much enjoyed target practice. He distinguished himself as a sharp shooter. Two years later he was sent overseas to war. Like all wars, it was gruesome, bloody, and life altering. Sam still recalls looking at the bodies blown up on the battlefield. These weren't any bodies; these were his comrades, his buddies whom he ate dinner a few hours ago. There was a rage that surfaced from within him, and he applied his sharp shooting skills and counted some 200 targets he had taken out. One day he came down from a high point in a tree where he had identified and tracked his target. At the base of the tree he heard a noise and thought he was surrounded by the enemy. He quickly shot a few rounds into the nearby bushes silencing the noise that spooked him. And then, a three year old child came out of those same bushes with red blood running down her shirt. She fell on the ground before him. It hit Sam then, in a way it hadn't before, that the enemy were human beings, too. Sam held the child and cried; he sobbed right out loud as he held her close to himself. But she was gone. When Sam returned home, he visited his parents. They were proud

of him for his service to his country. But Sam remembered, in fact, he couldn't forget. He eventually married and he, too, had a daughter. He took his family to Church each Sunday, and one day his daughter asked him about Moses and the Ten Commandments. He explained the Ten Commandments to his daughter, or at least he tried, just as his daughter's Sunday school teacher had done so. But when he reached the fifth commandment, as he looked into his daughter's eyes, he burst into tears. His daughter did not understand. Sam eventually left his family, his wife and his daughter and became isolated. He worked. He lived in an apartment, but his soul ached. He often cried when he was alone. One day he came to the VA to tend to some healthcare needs and there he met the student chaplain in the chapel. He came forward and wanted to talk. He related his service duty, and briefly described his tour, but he eventually broke down and cried. The chaplain listened attentively to his pain, to his inability to reconcile that he had killed a child. How could he teach his own daughter: "Thou shalt not kill"? How many had he killed? How many had died at his hands? Every time his parents praised him for his accomplishments in having served his country, he sunk deeper into himself. And this innocent one he killed. How could he ever reconcile what he had done? He should have listened to God's command. He was taught as a child that he shouldn't kill. Why didn't he listen, he asked himself? Why didn't he listen to God's command?

The Action-Reflection-Action Model

Historically organized religion has used the political arena to condone war and killing in favor of defense of their country, religion, and political interests. In the political spectrum the veterans are challenged by the mandate to serve their country and the challenge that comes from opposing forces of religious and political views that will see war and combat as a means to achieve economic and political gains and sacrifice human life for such causes.

The model used in Clinical Pastoral Education to educate the students as they engage in clinical ministry is the action-reflection-action model. In this model, a student visits with a patient, writes up the conversation in a verbatim, reflects pastorally and theologically on the interaction and on what themes surfaced in the conversation, and identifies opportunities where the student may have responded differently at various points in the dialogue to enhance healing of spiritual injury. The verbatim is presented to the group where the verbatim becomes a tool for education for all the students, and the students consider the student's reflection, theology, and missed opportunities, as well as affirm the student and engage in dialogue with the student around a spiritual care plan – i.e., how the student will continue to engage the patient to promote spiritual healing. The student takes what he/she learned from the group and then visits with the patient again bringing new insights, and enhanced listening skills, and again, may write up the interaction in a verbatim and bring it back to the group. In this process the student engages in an action (patient visitation), reflection (writing up the verbatim and pastoral analysis and theological reflection), and again returns to action (a follow up patient visit).

The students utilize the CPE action-reflection-action model that brings them into a deep psychological and spiritual/religious conflict. This conflict causes them to feel guilt, shame, and abandonment by God and by their religious institutions. They are often considered to be damaged goods. There are social implications that affect their spiritual and emotional health as well. For example, the veterans also face the challenge of finding access to health care due to the burden placed on each of them to prove they are disabled as a result of their war trauma and service connected traumas. This is a problem that requires systemic change in the political arena as well as in the religious/spiritual milieu. Without proof, the veteran is not issued the benefits he/she deserves as a veteran of the armed services. This can lead to feelings of frustration,

shame, and failure. Imagine having to prove you contracted an illness due to Agent Orange, when the government hadn't revealed to you that you were exposed to Agent Orange or the effects of Agent Orange.

As chaplains who work within the government structure, we need to continue to evaluate how we can best serve the veterans in addressing their emotional, spiritual and religious needs. The expected outcome of this project will be valuable information regarding the spiritual and religious needs of veterans and how best to help CPE students to minister to the veterans in a holistic model. Where moral conflict exists between "Thou shalt not kill" and killing during wartime in either the student or the veteran, the program will also seek to gain insight into how to treat this conflict. As a CPE Supervisor in a veteran healthcare facility, there are adequate resources to address these issues such as utilizing the diversity of the expertise available in the VA New York Harbor Healthcare System to provide didactics to the chaplains and to help them to understand PTSD, substance abuse recovery, and other mental illnesses and how to work with veterans who suffer from these illnesses. Rich resources exist within the site team itself and from the interdisciplinary resources of the VA healthcare facility in which the CPE program operates.

Since the CPE students in the VA setting come intentionally to develop their clinical and ministerial skills to VA veterans, they will be invested in this project. In addition, since the VA provides a wealth of opportunity for employment and excellent salary, many of these students are also interested in gaining skills so they can advance themselves in the VA employment arena. The only potential conflict of interest is with a CPE student who is also a veteran. In this case special attention and consultation with the site team and/or with persons in training in parallel

professions such as social work and psychology is drawn upon to ensure the veteran's CPE student's experience is not overvalued.

CHAPTER 3: GOALS, STRATEGIES & OBJECTIVES

Goal 1. To identify spiritual themes and issues that students are dealing with personally and interpersonally.

Strategy:

- a. To identify how the students' theology has positively or negatively impacted them personally and also in their ministry with the veterans.

Objectives:

- a. 100% of the students will complete a spiritual assessment scale and autobiographical statement.
- b. 100% of the students will be interviewed during the 3rd and 10th week.
- c. 100% of the students will write verbatims, participate in InterPersonal Relationship (IPR) and supervision.
- d. Supervisor will keep notes on supervisory sessions.
- e. Review 100% of students' verbatims, spiritual assessment scales, autobiographical statements, the IPR notes, didactic evaluations, and supervision notes and make a chart of major spiritual themes and issues each student is dealing with personally and interpersonally as identified in each of these instruments.
- f. Review the students' transcribed interviews taken from week 3 and week 10 and identify students' images of God at week 3 and week 10. Make a chart that illustrates each student's image of God at week 3 and week 10.

Goal 2. Identify the tools and resources that are helpful to students.

Strategies:

- a. Use the standard components of CPE program with an emphasis on ethical and theological issues and war.

Objectives:

- a. Score each student's verbatim using a likert scale instrument on various pastoral care characteristics such as imposing one's religious beliefs vs. accepting one's religious beliefs, active listening skills vs. lacking listening skills, empathetic vs. sympathetic, tolerant of spiritual religious tradition vs. non-tolerant, prayed with the patient vs. not prayed with the patient. This instrument will also document the student's religious affiliation, gender and age, and the patient's religious affiliation, gender and age. The date and major theme(s) of the verbatim will also be identified.
- b. Create a chart of each student identifying ethical, theological, and war related issues that emerged in each verbatim.
- c. 100% of students will write 2 theological reflections on ethical and theological issues and war.

Goal 3: To share the results of this study with other CPE Supervisors.

Strategy:

- a. To communicate the results creating awareness among CPE Supervisors of the learning needs of the students as they work with veterans.

Objective:

- a. Write an article discussing the study and its results for ACPE News, Veterans Newsletter, and NACC Regional News.

An ongoing evaluation of the project will be formally conducted each week, assessing where one is against the activities outlined in the goals and objectives.

CHAPTER 4: RESEARCH QUESTIONS

The study developed from these initial research questions.

1. **How are the CPE students drawing upon their personal spirituality as they minister to veterans?** What are the specific issues CPE students face with veterans? How are CPE students making sense of their experience ministering with veterans? How was the CPE students' ministry with veterans who are experiencing suffering and pain unique versus their ministry with non-veteran patients? How has the CPE students' ministry with veterans impacted them personally, professionally and theologically? What is their image of God? What is their theology of suffering? What is their theology of war? What is their theology of forgiveness? What is their theology of redemption? How does this impact their ability to minister to veterans?
2. **What CPE components and tools are needed in enhancing students' clinical and ministerial skills to the veterans?** What ethical dilemmas surface in the VA setting? How do they deal theologically with these ethical dilemmas – e.g. end of life issues, death and dying, culture, religious themes and how do they minister to veterans of similar or different religious traditions. Assess what didactics are useful. Do they need a consultant psychology PTSD specialist for a didactic? How do CPE students assist veterans with the Biblical dilemma of a faith tradition that says *Thou shall not kill*, and the veteran reality where they have had to kill?
3. **What findings would be most important to share within the CPE community and the Veteran CPE community in particular?** How did the students' image of God change over time? How did the students' theology of war change, if it all? What themes emerged in the IPR, verbatims, supervision, theological reflections, and didactic evaluations unique to ministry in a VA setting? What tools proved useful? Did the likert scale evaluation of verbatims prove useful

in analyzing students' issues? What recommendations would one make to improve CPE programs in VA settings?

CHAPTER 5: PRACTICAL METHODOLOGY

The method employed in this project utilizes the action-reflection-action model of Clinical Pastoral Education. The project used all of the standard tools used by CPE programs, including having residents orienting interns to the program and the hospital, providing them with a student handbook, assigning them to clinical areas, and writing a spiritual autobiography. Students also completed a spiritual assessment scale.

Students submitted 5, 2 theological reflections, participated in IPR, didactics, and supervision as well as completed 300 hours of patient visitation. Students rotated responsibility to document each week an outline or summary of didactics covered, and summarized IPR themes and issues discussed. The supervisor kept supervision notes. A copy of didactic materials, an outline and/or summary of the didactic, and a student evaluation of each didactic were kept on file to be able to reference the didactics provided as well as the quality of the presentations and each student's receptivity and understanding of the material.

Specific to the project, the tools analyzed to identify spiritual themes, etc. as described in the Goals and objectives of Chapter 3. The students were interviewed for one hour by the CPE Supervisor during the 3rd and 10th week using the Questions for Student Interviews found in the appendix. During the 10th week interview, students were asked how their spiritual journey was impacted by their CPE experience. A site team member also interviewed the CPE Supervisor about his spiritual journey and how it has been impacted. All interviews were transcribed.

The CPE Supervisor will write an article for publication in any of the following resources: ACPE News, Veterans Newsletter, or NACC Regional News. If for whatever reason the article is unable to be published formally, a substitute goal achievement criterion is to disseminate the article via e-mail to CPE Supervisors in VA Hospitals throughout the country. The target date for the article to be written and available for publication is Fall 2007 to correspond to the time of honoring the veterans on Veterans Day.

This has contributed to the learning of the VA CPE Students by identifying what is learned best and what kind of learning needs to be happening in order to help the student understand more of themselves and the process that goes on within them so that they can be more effective clinical chaplains in the present and in the future. This project has enriched the CPE world with information regarding the needs of the veterans and the needs of the CPE students who are and will be ministering to them. This learning is going to enhance the larger society as these veterans will return to congregations and clergy and chaplains will interface with them in these pastoral settings.

CHAPTER 6: MINISTERIAL COMPETENCIES

DESCRIPTION OF THE PROCESS

Site Team

The site team members met to discuss the ministerial competencies of Chaplain Andrew Sioleti on February 28, 2006 in VA New York Harbor Healthcare System in Manhattan Campus from 4 p.m. to 5:30 p.m. The meeting began with a spiritual reflection led by the candidate. Rev. Dr. James Musumeci agreed to be the chair of the site team. Elizabeth Foley, LCSW, agreed to record the discussion of the site team into a written document for the candidate. Each member of the team made a brief introduction about themselves and since most members knew each other through their work relationship, the meeting was personal and professional. Then each person described how they knew the candidate from their personal and professional interactions. The candidate also shared with the site team about his relationships to each individual member of the team and thanked them for them giving the time and effort to participate as site team members. The site team consists of:

Cynthia Caroselli, RN, PhD
Chief Nurse Executive & Associate HCS Director for Patient Services
VA New York Harbor Healthcare System

Elizabeth Foley, LCSW
Grants Director
Covenant House New York

Susan Henderson, LCSW
Social Work Supervisor
Inpatient Psychiatry
VA New York Harbor Healthcare System

Arthur (Chris) Russo, PhD
Clinical Psychologist
Mental Health Clinic
VA New York Harbor Healthcare System

James Musumeci, PhD
Director, MBA Program
Touro College

Rabbi Nisson Schulman, PhD
Professor at Yeshiva University
& Staff Chaplain, VA New York Harbor Healthcare System

The candidate gave an overview of his project and the site team discussed the project providing valuable critique and feedback concerning the scope and goals of the project. The site team challenged the candidate to be realistic about the time frame this project's goals and objectives had to be met. Rev. Dr. James Musumeci in the spirit of the CPE model delineated that the purpose of this committee is to give constructive critique and affirmation of the candidate in order to help the candidate complete his Doctor of Ministry project. The competency document provided by NY Theological Seminary was e-mailed to each of the site members and the feedback was returned to Rev. Dr. James Musumeci. The following feedback was provided on the candidate's ministerial competencies:

Theology

Andrew Sioleti has been rooted in Roman Catholic theology. In his ministry with patients and CPE students he has been a man of reflection who has moved others to reflect theologically without imposing his theological views. Andrew continues to articulate an operational theology that is congruent with the Roman Catholic tradition lived out in the real human experience that embraces diversity, and respect of each person's theological beliefs and journey. In educating CPE students Andrew has enabled his students to think through ethical dilemmas and the theological implications, in conjunction with the person's religious tradition and the VA's ethical guidelines, and to sometimes recognize the tension that exists.

Supervisor

Andrew Sioleti's CPE training and social work/counseling education has given him a deeper understanding of the continuum of human life and the stages of human development. Andrew is able to guide his CPE students appropriately according to their ability and capacity to grow personally, professionally, and theologically. Through the CPE model, Andrew has empowered and challenged his students to put their intellectual theological knowledge into practice in their patient care. For example, the student will speak about the theology of suffering and then goes in and meets a patient who is suffering with an illness and the student has to struggle to operationalize his/her theological concepts which may be congruent with the patient's beliefs or may be different from the patient's beliefs.

Areas of Challenges in His Ministry

Andrew Sioleti has an overwhelming task of trying to balance administrative duties, educational responsibilities, patient care, and priestly responsibilities. He struggles to maintain a balance and to effectively deliver these services in all three VA sites.

Andrew Sioleti struggles with a contemporary universal dilemma of many administrators with trying to achieve many tasks with limited time and resources. One of his challenges is that he often has to drop whatever he is doing in order to attend to another more immediate need such as when there is an emergency requiring sacramental needs.

SELECTION OF COMPETENCIES TO HONE

A meeting was held on March 28, 2006, at VA New York Harbor Healthcare System Manhattan Campus at 4:00 p.m. Two of the members were not able to attend due to a schedule conflict. However, they provided written feedback via e-mail. The meeting was conducted

without the candidate being present from 4 p.m. to 5 p.m. From 5 p.m. to 5:30 p.m. the candidate met with the committee to discuss the ministerial competencies to hone.

When the candidate met with the site team, the site team began by affirming the candidate in his work in VA New York Harbor Healthcare System and acknowledged the struggles and challenges he faces working with this population. The site team affirmed the candidate's commitment to take on the responsibility of writing a demonstration project in the midst of his many tasks and responsibilities that extend often beyond his work time and energy. The site team also recognized that they had little knowledge of the Clinical Pastoral Education process but they were able to parallel their experience as educators, nurse, social worker, and psychologist in their own doctoral and professional research work. In their work with the candidate the team members experienced him to be open to continually learn and gain professional expertise in his specialized field of Clinical Pastoral Education. Since they had the opportunity to work with a CPE student in their clinical areas, they were able to appreciate the impact that Clinical Pastoral Education has on the veterans' holistic care, especially regarding spiritual and religious care. Site team members had witnessed the care and attentive listening that were provided by the CPE students and to observe the effect that such healing had with patients in their clinical areas.

The team recognized his competence and multi-talents as a CPE Supervisor. They noted his multi-cultural background. The candidate was born in Turkey of Italian and Greek parents and lived at different periods of his life amid all three cultures, and he speaks all three languages fluently. As a young man, the candidate immigrated to the United States where he learned English in his enculturation process. The candidate also lived briefly in Costa Rica where he learned to speak Spanish as he ministered there. He has been to Haiti, Canada, and several

Central and South American countries where he has also used his Spanish and learned French as well. The candidate possesses a Masters degree in Pastoral Counseling in Family Therapy from Iona College, and a Masters in Social Work from Hunter College. He has worked as a therapist with the mentally ill for several years. He has a wealth of educational training in counseling and social work which enhance his effectiveness as a CPE Supervisor.

The following are the goals, strategies and objectives for each competency selected.

Goal 1: To further develop supervisor competency.

Strategy: To further develop the ability to diagnose needs of students and develop appropriate educational strategies or responses.

Objective:

1. Utilize this project as an opportunity to assess student needs through traditional CPE tools such as verbatims, IPR, supervision, theological reflections, and didactics and supplemented by the project's specific tools of interview and didactic feedback and evaluation.
2. Analyze the content of the CPE program utilized and propose appropriate educational strategies for future CPE programs in the VA.

Goal 2: To further develop spiritual leader competency.

Strategy: To continue to be attentive to the spiritual journey of the ongoing relationship with God of one's self and one's students.

Objectives:

1. Identify key spiritual themes of myself as CPE Supervisor and of the students. Keep a journal of my own spiritual themes as CPE Supervisor. Identify in supervision notes and verbatims the spiritual themes of the students. Create a chart to identify themes that emerged in

supervision and verbatims for each student, and a chart that identifies my own spiritual themes from my journal notes.

2. Examine how these spiritual themes impact one's relationship with God of self and of one's students. Review the chart of student spiritual themes and my own chart of spiritual themes by the time of the 2nd interview. During the second interview of students, ask questions about how these themes that have emerged in supervision and verbatims have impacted their spiritual journey or the students' relationships with God. Have a site team member interview the CPE Supervisor asking the Supervisor how the themes that have emerged in supervision and the CPE verbatim sessions relate to his spiritual journey or have impacted his relationship with God.

CHAPTER 7: BIBLICAL EXEGESIS

While The New American Bible version of Exodus 20:13 is “You shall not kill,”¹⁴ The Interlinear Bible in Hebrew-Greek-English translate the same commandment in Exodus as “You shall not murder.”¹⁵ Likewise, The New American Bible version of Deuteronomy 5:17 is “You shall not kill.”¹⁶ The Interlinear Bible in Hebrew-Greek-English translate the same commandment in Deuteronomy as “You shall not commit murder.”¹⁷

While a religious studies major or one well versed in exegesis may realize that this commandment refers to a prohibition for murder, this has not been communicated to all church groups who teach their children the Ten Commandments. Even one of my CPE students was astounded to learn that the commandment meant a prohibition to murder. While she certainly understood it to include murder, she did not realize it was restricted to murder.

Jerome’s Biblical Commentary on Exodus 20:13 remarks, “Only illegal killing is prohibited; Israel had the death penalty.”¹⁸ Jerome’s Biblical Commentary on Deuteronomy 5:17 “The vb. *rāsah* covers deliberate and accidental homicide but not capital punishment and the killing of animals for food, both practiced in Israel.”¹⁹

This same CPE student thought the commandment prohibited the death penalty, and wondered to what extent it meant the killing of animals or other life in God’s creation. Clearly she thought it meant a prohibition to killing another human being in war. Frequently we don’t teach our children the intended meaning of the scripture passage and leave it to the child to understand the scripture as he/she receives it.

¹⁴ Ibid., 67.

¹⁵ Jay P. Green, Sr., *The Interlinear Bible Hebrew-Greek-English* (Hendrickson Publishers, 1986), 65.

¹⁶ *The New American Bible*, 159.

¹⁷ Jay P. Green, Sr., 159.

Rabbi Nisson Schulman, Ph.D., Professor at Yeshiva University and Staff Chaplain at VA New York Harbor Healthcare System, stated: “ ‘*Thou shall not kill*’ is not a proper translation of the Hebrew, ‘*Lo Tirtzach.*’ The exact translation is ‘Thou shall not murder.’ There is a world of difference.”

Schulman states that Jewish commentators (*Rashba*’m, others) indicate that the words mean “to kill with premeditation.”

Schulman continues: “There are scenarios when killing is permitted, even required.

1. To pre-empt someone from killing you. “If someone comes with intent to kill you, you may prevent this even by the use of deadly force.”²⁰ The literal words of the Talmudic statement are “kill him first.”
2. Sometimes a death is accidental. Relatives who seek revenge must be prevented from murdering the accidental slayer. Hence the Biblical requirement of six cities of refuge, 3 west of the Jordan and 3 east of Jordan, to which the accidental slayer may flee for protection. From there he is taken to trial to ascertain whether the death was in fact accidental. (Numbers, 35:9-34; Deuteronomy 4:41-43; Deuteronomy 19:2-13).²¹
3. There are wars mentioned in the Bible and discussed by Talmud and Jewish Codes.
 - a. A war of self-defense is always permitted, even commanded, in much the same way that an individual can defend himself at the cost of the attacker’s life.
 - b. A permitted war, for a country’s security, boundaries, safety, when approved by the Sanhedrin. (The Sanhedrin of old was a court of 71, representatives of all the

¹⁸ Raymond E. Brown, S.S., Joseph A. Fitzmyer, S.J., and Roland E. Murphy, O. Carm., *The New Jerome Biblical Commentary* (Upper Saddle River, NJ: Prentice Hall, 1990), 53.

¹⁹ *Ibid.*, 98.

²⁰ *Talmud*, Sanhedrin 72a.

²¹ *The New American Bible*, 146-147, 158, 168.

tribes of Israel, but was not a court of the High Priest which during Roman times was a Roman political appointment.)

- c. A commanded war, such as the war against the 7 nations who inhabited Canaan before Israel entered that land.”²²

Just War Theory

The project also examined the Catholic Church’s view on the Just War Theory.

According to the Catechism of the Catholic Church,

“The fifth commandment forbids the intentional destruction of human life. ... All citizens and all governments are obliged to work for the avoidance of war. However, ‘as long as the danger of war persists and there is no international authority with the necessary competence and power, governments cannot be denied the right of lawful self-defense, one all peace efforts have failed.’²³

“The strict conditions for legitimate defense by military force require rigorous consideration. The gravity of such a decision makes it subject to rigorous conditions of moral legitimacy. At one and the same time:

- The damage inflicted by the aggressor on the nation or community of nations must be lasting, grave, and certain;
- All other means of putting an end to it must have been shown to be impractical or ineffective;
- There must be serious prospects of success;
- The use of arms must not produce evils and disorders greater than the evil to be eliminated. The power of modern means of destruction weighs very heavily in evaluating this condition.

These are the traditional elements enumerated in what is called the ‘just war’ doctrine. The evaluation of these conditions for moral legitimacy belongs to the prudential judgment of those who have responsibility for the common good.

“Public authorities, in this case, have the right and duty to impose on citizens the obligations necessary for national defense.

²² Rabbi Nisson Schulman, Ph.D., Professor at Yeshiva University and Staff Chaplain at VA NYHHS. 2006. He is a member of my site team.

²³ “Gaudium et Spes.” “Pastoral Constitution on the Church in the Modern World. Dec. 7, 1965.” (79 § 4), *Vatican Council II. The Conciliar and Post Conciliar Documents*. New Revised Edition, ed. Austin Flannery, O.P. (Collegeville, MN: Liturgical Press, 1984), 988-989.

Those who are sworn to serve their country in the armed forces are servants of the security and freedom of nations. If they carry their duty honorably, they truly contribute to the common good of the nation and the maintenance of peace.^{24,25}

Given the text of this catechism, WWI, WWII, Vietnam, Persian Gulf, Afghanistan, and Iraqi era veterans have served their country in self-defense. They should not be held personally morally responsible for the killing done to defend the U.S. in these wars. The fifth commandment which urges people not to kill (murder) does not apply to them as they kill the enemy in the act of war as they are defending their country who bears the responsibility of decision making for going to war and enlisting these men on the country's behalf.

²⁴ Cf. *Gaudium et Spes*. 79 § 5.

²⁵ *Catechism of the Catholic Church* (New York: Doubleday, 1994), 615-616.

CHAPTER 8: PRELIMINARY RESEARCH & ANALYSIS

HISTORICAL ASPECTS

The veterans found in VA hospitals today will be the patients to whom the Clinical Pastoral Education students will minister. The majority of veterans who are still alive accessing Veteran Hospital Health Care are from WWII, Vietnam, the Persian Gulf War, and most recently the Afghanistan and Iraqi Wars. While the effects of combat on the veteran of any war may result in Post Traumatic Stress Disorder (PTSD), and medical traumas of similar nature, there are other effects that have been brought to bear on the well-being of the veteran by society.

The WWII veteran returned home to a heartwarming welcome by Americans as compared to the Vietnam era veteran who was shunned for having participated in that war. The WWII veteran went off to war with his fellow soldiers traveling together to the battlefield, and returning home after debriefing with his comrades on the journey home. The Vietnam soldier went off to war alone; it was an individual arrival and an individual departure. There was no debriefing. Upon his return, the Vietnam era veteran was cast into isolation. Americans rose up in protest against the war, and returning Vietnam veterans were looked upon as “moral outcasts.”²⁶ Mahedy describes the American public’s role in these terms:

“Religious America, Christian America, was complicit in two assaults on the faith of its young veterans. The first was perpetrating the war itself while tolerating the endorsements and mythology that surround war in our culture. The second was scapegoating the veterans, laying full responsibility for what happened on their shoulders. Scapegoating amounted to an implicit recognition that the war was evil.”²⁷

The sentiments of the American public who opposed the war were strong. One CPE student shared in a verbatim how the veteran to whom he was ministering felt like an outcast by

²⁶ William P. Mahedy, *Out of the Night. The Spiritual Journey of Vietnam Vets* (Cleveland, OH: StressPress, 1996), 41.

²⁷ Ibid., 46-47.

society, and labeled a baby killer because of his service in Vietnam. The veteran told the student that the VA Hospital is a safe haven, a refuge from society's judgment. When he is hospitalized at the VA, he knows he is accepted and doesn't have to defend himself for being a veteran.

As we have just seen in the last chapter, Vietnam was a war in which men who were drafted by their government were sent off to war on behalf of their country. Their killing was in self-defense. To hold each veteran personally morally responsible for the killing that he was sent there to do is not fair. The American people and the leaders they elected must together bear the responsibility for any deaths that occurred in Vietnam.

Mahedy also spoke of how fear and disapproval played a role. People who interact with veterans are often afraid of the depth of pain the veteran carries in his being and are unable to discuss it, and would rather ignore the veteran and put him down rather to excuse their own callous disregard for this veteran who went off to fight and defend their peace, safety and security in the USA. But these veterans have learned not to expect gratitude from the American public for their time of service. A chasm as deep and wide as the Grand Canyon exists between the experience of the Vietnam veteran and the American public opposed to the war.

“Many did not know how to react to a vet who had seen hell. So silence and awkwardness formed their responses—perhaps equally as painful to vets as the overt hostility they did experience. But as a society, America without a doubt abused those who came home from the war. We were not proud of what happened in Vietnam; how could we be proud of our vets?”²⁸

As a result of this position as an outcast, many of the Vietnam veterans went through profound agony and journeyed into the long dark night of the soul, and years later have found their way through this profoundly spiritual journey. It began by a slow process of a few of them

²⁸ Ibid., 42.

coming together to share their experiences. In time, communities across the country started to provide Vet Centers as a gathering place for veterans to come together and share their experiences with one another.²⁹ Veterans began to let their voices be heard publicly. In the presidential campaign of 1968, a group of Vietnam Veterans Against the War (VVAW) made their presence known and didn't allow their issues to be hidden or dismissed.³⁰ They found a way to give meaning to their experience, and recognized how important it is to educate America about the evils of war and the collective guilt we all share for its cost and effects both on and off the battlefield.³¹

Two psychiatrists, Robert Jay Lifton and Chaim Shatan, listened to the veterans and took them seriously; through rap groups, the veterans took their initial steps to heal from the psychological pain they had experienced as a result of participating in the war.³²

Lifton also understood that the veterans had two aspirations: "healing themselves while finding a mode of political expression."³³

These two goals were actually inseparable. Without some form of political-social expression, there could be no healing of the psychic wounds of war."³⁴

Another individual whose work with Vietnam veterans was invaluable was Shad Meshad.

"He realized that intrapsychic healing was impossible apart from a total "resocialization" back into the community. For Meshad this entailed veterans telling their stories publicly and having some political impact on the society that sent them to war. It also meant the veteran must have a real job, not just a minimum wage or "make work" form of employment. The veteran must once again interact with his society as a mature and respected citizen. He must have a place in his local community and a respected position in the nation."³⁵

²⁹ Ibid., 60-61.

³⁰ Gloria Emerson, *Winners and Losers* (New York: Random House Inc., 1972), 331.

³¹ Mahedy, 115-124.

³² Robert Jay Lifton, *Advocacy and Corruption in the Healing Profession* in Charles R. Figley (ed.), *Stress Disorders Among Vietnam Veterans*. (New York: Brunner/Mazel, 1978), 212.

³³ Ibid., 212.

³⁴ Mahedy, 63-64.

³⁵ Ibid., 64.

Shad Meshad recognized that the veterans needed to be fully reintegrated into society. They needed to be recognized for their willingness to bear the ultimate sacrifice. The veterans sought not only their own healing, but also the healing of American society. Society needed to accept the responsibility for sending these men off to war, and the consequences of that action.³⁶

The Veterans Administration offers to veterans who are honorably discharged medical treatment for service connected injuries and illnesses including psychiatric and other mental health services. The Veterans Administration offers therapeutic employment programs to help the veteran return to the work force. GI educational benefits are also available. The Veterans Administration also provides monetary compensation for service connected injuries or illnesses that a veteran had while in the service. For example, exposure to Agent Orange was a consequence some veterans experienced while in Vietnam. Any illness that results from that exposure is considered a service connected illness and the veteran receives monetary compensation for that exposure as well as medical treatment for the illness. An evaluation is made of each individual veteran and he/she is compensated according to the disability he/she has incurred while at war. For example, if one had a service connected disability that left the veteran 10% disabled, he would receive 10% of the maximum monetary benefit available for service connected disabilities; at this time that would mean the veteran would be compensated \$115 per month.

“Equally important is the VA’s function as a symbol of the government’s concern for the veteran. The VA’s motto is taken from President Lincoln’s pledge in 1865 to bind up the nation’s wounds and “to care for him who shall have borne the battle, and for his widow, and his orphan.” Veterans of all wars know this and quite rightly regard the VA as a weather vane of America’s interest in them. The agency carries with it the legal obligation to perform its task, but it also bears a moral responsibility to embody Lincoln’s promise.”³⁷

³⁶ Ibid., 64.

³⁷ Ibid., 51.

In 1977 Max Cleland, a service connected severely disabled veteran, was appointed head of the Veterans Administration. Mr. Cleland proposed that a new model of psychiatric treatment be developed that could more adequately address the needs of veterans. A team of people were selected to develop this model including Shad Meshad, Chuck Figley, and William Mahedy. The proposed model of treatment developed was called the Vietnam Veterans Readjustment Counseling Program or more familiarly – the Vet Centers.³⁸ In 1979 Congress mandated that the Veterans Administration provide special mental health services for the veterans.³⁹ In 1980 the symptoms these veterans presented with was given a name – Post Traumatic Stress Disorder.⁴⁰

Mayor Edward Koch took the lead in NYC to honor Vietnam veterans with a Memorial dedicated on May 6, 1985 followed by a “Welcome Home” ticker tape parade the following day. In addition the Commission assigned to this task was also to develop an employment program to create jobs for unemployed and underemployed Vietnam veterans.⁴¹

The Vietnam Memorial in Washington D.C. and the NYC ticker tape parade did much to help the Vietnam veterans heal. It was a beginning, but still fell short of what was needed. It should be noted that these acknowledgments by society for the contribution of the Vietnam veterans came a full 10 years after the war when the images that flashed across the TV screens in the homes of America all during the war were somewhat distant in America’s memory. Some healing occurred, but America still did not accept her responsibility for sending these soldiers off to war and the consequences of that action. The moral responsibility still rested on each veteran’s shoulders.⁴²

³⁸ Ibid., 73-75.

³⁹ Joel Brende and Elmer McDonald, “Post-Traumatic Spiritual Alienation and Recovery in Vietnam Combat Veterans,” *Spirituality Today* 41, no. 3 (winter 1989): 319.

⁴⁰ Ibid., 319.

⁴¹ *Making of the Memorial 1985-2001* [on-line] (accessed 20 July 2006); available from http://www.nyvietnamveteransmemorial.org/vvm/making_build.html; Internet.

⁴² Mahedy, 57.

“The flood of emotion in connection with the “National Salute” and the dedication of the Vietnam war memorial in Washington in 1982, the second “National Salute” on Veterans Day 1983, and the tenth anniversary events in 1985 provided some catharsis for feelings long suppressed.”⁴³

However, such knowledge gained from the previous wars did not stop America from engaging in battle yet again. When called upon by Saudi Arabia to protect them from Saddam Hussein who had overtaken Kuwait in 1990 and had eyes on Saudi Arabia, the United States responded with “Operation Desert Shield,” a build up of troops to the region, and subsequently by “Operation Desert Storm,” an initiative to free Kuwait. After the victory, Americans went home and felt superior for having overpowered their enemy. But the victory was short-lived.

Just as Post Traumatic Stress Disorder was not acknowledged as a diagnosis until years after the Vietnam war, the veterans afflicted by what is now known as Gulf War Syndrome experienced similar betrayal by a government that sent them off to war. Unwilling to acknowledge the military use of chemical warfare on the Iraqi peoples, they were similarly unwilling to acknowledge the effect on our military soldiers.

After the attack on the twin towers on 9/11/2001, our soldiers returned to the region and fought in Afghanistan, in an initiative known as Operation Enduring Freedom (OEF), and Iraq, in an initiative known as Operation Iraqi Freedom (OIF).

The Afghanistan and Iraq War teach us the experience of the Vietnam veterans is not unique. Gulf War and Afghan-Iraqi veterans are also experiencing Post Traumatic Stress Disorder and a search for meaning. On the other hand, there are elements to the wars in Afghanistan and Iraq that differentiate it against WWI, WWII and Vietnam. In the wars with Afghanistan and Iraq, this is perceived as a religious war. Muslims have announced it a jihad, a holy war. Further, Vietnam enhanced its military strength utilizing the draft. In the wars with

Afghanistan and Iraq, the troops have enlisted. Livingston who fought in the Battle of Fallujah explains it like this:

“...the Battle of Fallujah happened over three years after 9/11. . . . Most of these young Marines had enlisted after the United States had declared war against terrorism. They understood we were at war and what was at stake. Those that joined the military at this time understood they were putting their lives at risk. ...The Marines in the city wanted to be there. They chose to be there.”⁴⁴

While they fought against terrorism, they were subjected to horrific and cruel sights and experiences. They had to maintain their defense against any personal expression of their stress in their experiences. Their fellow combatants relied on them to stand strong and remain forceful in their tour of duty. Being afraid was equated with cowardice.

CULTURAL ASPECTS

There are many relevant cultural aspects in this project including military culture versus civilian culture, the culture of the Veterans Administration, the dichotomous influence of the Vietnam war on two men raised in the same American culture – how one 20 year old goes off to college and remains a part of the civilian American culture while another 20 year old goes off to war. The experience of combat changes one so profoundly that upon return he is not able to reinsert himself in a meaningful way into the culture he left. The veteran is left alone and isolated because he doesn't fit into society. And this experience is impacted more profoundly when he returns with what is known as “bad paper,” an administrative discharge and he is unable to find employment upon return because of how he was perceived by his superior officers during the war.⁴⁵ This cultural dimension also included the reality of racial and ethnic prejudice as indicated in military practices such as recruitment strategies, targeting young poor minority

⁴³ Ibid., 49.

⁴⁴ Gary Livingston, *Fallujah, With Honor* (Caisson Press, January 2006), 70.

⁴⁵ Mahedy, 67-68.

recruits whose GI benefits could help them advance their education upon return, or other institutional practices that pointed to distinct prejudicial decisions that often delivered administrative discharges to a disproportionate number of African American and Hispanics.⁴⁶

Mahedy relates an example of this prejudice in the service. He told a story of a black Vietnam veteran who became addicted to heroin while serving in Vietnam and who went through detox before being released from his tour of duty. When it came time for him to be discharged, though he had committed no serious offenses, his superior officer wanted to give him an administrative discharge – also known as Other Than Honorable (OTH) – which carries with it the consequence of not being eligible for veteran benefits (including medical and psychiatric treatment) upon release.⁴⁷

While prejudice along racial and ethnic lines is perhaps more recognizable to a country that has been awakened by the Civil Rights Movement, the Afghanistan and Iraqi war highlighted another dimension of prejudice. The war with Afghanistan and Iraq, in fact the September 11, 2001, attack on the United States is often seen along religious lines. It divides along Muslim and Judeo-Christian lines. So suspicion of Muslim Americans is rampant as we fight in this war.

Another profound aspect of culture is the faith of these men and women who went off to war and how it is challenged by combat experience. Many veterans abandoned practice of their religious faith traditions because they could not reconcile the moral values taught by religious institutions, the seeming contradiction that these same religious institutions approved of their participation in the war, and the inner conflict that informed the veterans themselves that what they participated in was evil. Nor could many of them imagine that God could forgive them for

⁴⁶ Ibid., 67-68.

⁴⁷ Ibid., 67-68.

what they had done in the midst of war. Nor could many of them forgive themselves. This only broadened the gap between the veterans and those Americans who arrogantly think of themselves as the morally superior, the moral right. But as the Vietnam veterans journeyed through the dark night of the soul, they recognized their responsibility to stand up against the Vietnam War calling for its end. War does something to the soul as only war can. A man who pulls a trigger and fires killing another human being shatters any sense of innocence his soul might have known.

“Vietnam veterans lost both their personal and their cultural innocence. What lay beyond innocence? For a long time nothing. During the years of isolation and exclusion from society, the only fruits of Vietnam were bitterness and loneliness. The first bursts of energy to be released within the veteran groups were eruptions from the deepest levels of consciousness and feeling. A new insight was born within these small communities. Vets became aware for the first time that beyond lost innocence and shattered faith, beyond bitterness and despair, beyond even war and atrocity, there is life, healing, and hope.”⁴⁸

Finally, there is also a combat zone culture. It may include aspects such as that developed in various platoons that included rituals like hugging one’s fellow soldiers and saying goodbye before being sent out on a dangerous mission, rape, torture, or the high that comes from seeking revenge or the killing itself. To understand the diverse experiences of the veterans returning from war, one needs an understanding of these elements of combat zone culture.

POWER & JUSTICE ASPECTS

There are power and justice aspects that also are embedded in military practice, society at large, and are realized in the lives of the veterans when they try to re-integrate into society. In Vietnam, returning veterans were afflicted with health consequences from participating in combat (Post Traumatic Stress Disorder as well as substance abuse, and the effects of Agent

⁴⁸ Mahedy, 81.

Orange). In the first Persian Gulf War, the veterans returned with health effects of having used depleted uranium in their combat. There are also veterans who are experiencing health effects for having been immunized against potential biological or chemical hazards to which they may have become exposed during combat; some veterans are further traumatized by this because they feel they were not fully informed of the nature of the immunization and its potential side effects. These are a few issues of justice that veterans would like open and full disclosure by the government that sent them off to combat. Instead many feel betrayed by their own government.

There are economic power and justice issues relevant to the discussion as well. The majority of the homeless are veterans. In NYC on a walk through Penn Station and its surrounding community, one can find homeless veterans who have spent 10, 12, even 23 years homeless and living on the street. To say that our veterans struggle to reintegrate into a society in which many feel they are a social misfit is an understatement. Many of these long term homeless veterans have serious and persistent mental illness.

Economic distress is also a factor with other veterans who may have homes but lack viable employment. The struggle to obtain and retain employment when these veterans are so often afflicted with Post Traumatic Stress Disorder or Schizophrenia is a real and daily struggle for our combat veterans. More of their marriages are afflicted with domestic violence as the combat veteran struggles with coping with his isolation and immense inner agony. Cook and Jeffrey illustrate this more clearly and how dramatically it plays out in reality:

“Chris Heath was chasing a prisoner of war who escaped into the Iraqi desert. Heath had run him down, grabbed him by the hair and pulled him to the ground when he was awakened by his wife’s yelling. ‘I had grabbed her by the neck and was choking her in an arm lock,’ Heath said. ‘I almost killed my wife. It really scared me. I didn’t go back to sleep for the rest of the night.’ That was three weeks ago. The Persian Gulf War was

two years ago. But for Heath and many other veterans of the short, one-sided conflict, the nightmares are enduring.”⁴⁹

Imagine being this veteran who is afraid to sleep with his wife because of how his nightmares haunt him, and how his behavior betrays him when he is having the flashback in the middle of the night. It is surreal, and yet a lived reality for many of our veterans. It is a wound that reaches deeply into the family and the relationship with one’s spouse, into the marital bedroom. Instead of having compassion and wanting to help these veterans, they are categorized as evil and despised by their wives, their children and society. What happens appears inexplicable, but it isn’t inexplicable. These veterans are suffering from Post Traumatic Stress Disorder and have to live with not only its symptoms (the flashbacks), but also its consequences on relationships.

In the rap groups that Barton and LaPierre formed for Vietnam veterans, the veterans spoke of the nightmare they were living with since their return to the United States. Being home from the physical war did not mean the war ended for them in their dreams. Their actions in the war haunted them day and night and did not leave them at peace, did not allow them to rest secure. Ultimately, the guilt for their actions also surfaced:

“It was only with much later mental processing of these activities [combat related atrocities] that the veterans recognized these acts as heinous and became not only regretful of their actions but saw them as being unforgivable by a God they believed was as vengeful as they felt they had been in war. As they contemplated this later in society back home, they saw themselves as killers who could not be trusted even with their own families. They have continued to fear killing the ones whom they love the most when exposed to stress.”⁵⁰

The physical disabilities from war, the emotional and psychological breakdown, the nightmares, these are only a few of the hurdles the veterans struggle with on a day to day basis.

⁴⁹ Christopher Cook and Nancy Ann Jeffrey, “Gulf War Veterans Can’t Escape Strange Diseases, Nightmares”, *Knight-Ridder Newspaper* (November 26, 1996).

⁵⁰ Barton and LaPierre, “The Spiritual Sequelae of Combat as Reflected by Vietnam Veterans Suffering from PTSD,” *American Journal of Pastoral Counseling* 2, no. 3 (1999): 8.

Veterans also struggle in being able to afford an economically stable life following disability from the war. Getting deemed qualified for their healthcare benefits, and having society agree with those qualifying veterans for disability benefits and the veterans employability following his/her combat experience, leaves many veterans unable to compete for housing stability that their non-combat counterparts in society take for granted. Is there no justice for a man who has given the use of his legs and/or arms in combat for our safety?

PASTORAL ASPECTS

The ultimate purpose of any Clinical Pastoral Education Program is to educate its students in the skills of clinical pastoral care, helping them to become more competent as pastoral care givers to the patients to whom they minister. The Clinical Pastoral Education (CPE) student's pastoral care of the veteran is impacted by these aspects. Equipped with an historical perspective, cultural factors, power/justice issues, biblical/exegetical aspects, and theological implications, the students will be able to provide better pastoral care to the veterans to whom they minister because these aspects broaden the students' understanding of the context in which the veterans find themselves. Often students are in touch with their own times of brokenness in their lives, and they minister out of a wounded healer model. As they become aware of, explore and heal their own wounds, through the CPE process, they learn to use them as resources in their pastoral care of the wounded patient before them.

History shows that many of the Vietnam veterans became spiritually depleted. As they moved along their journey of the dark night of the soul, they sought their own healing, and eventually they began to recognize their own power to heal themselves. As they heal, they become wounded healers for their fellow veterans. On the outside they look like everyone else: healthy, capable and energetic. Mahedy describes how veterans move from awareness to

seeking each other out to express their pain and share it with others who had a comparable experience:

“The first item on almost every veteran’s agenda was inner healing, but it was abundantly clear that the psychic and spiritual wounds of the war were only deepened by isolation. Healing and restoration of inner peace demanded another common effort. Veterans almost instinctively began to come together and form rap groups. These were easy and informal sessions in which men could gather to talk about the war. Eventually the rap groups were to become the primary source of healing for people who were really hurting.”⁵¹

The sights they saw, the life and death experiences they witnessed and participated in, inevitably leave deep wounds on their soul. Marin describes this poignantly in these words:

“...the world is real; the suffering of others is real; one’s actions can sometimes irrevocably determine the destiny of others; the mistakes one makes are often transmuted directly into others’ pain; there is sometimes no way to undo that pain—the dead remain dead, the maimed are forever maimed, and there is no way to deny one’s responsibility or culpability, for those mistakes are written, forever and as if in fire, in others’ flesh.”⁵²

The CPE model includes IPR (interpersonal relationships), verbatims, didactics, clinical visits, theological reflections, and supervision.

Joan Hemenway, describes the IPR experience as follows:

“...the small process group experience in CPE occupies this holding environment or transitional space between the student (internal reality) and the world (external reality) in an unique and unforgettable way. It is here that the student has an opportunity to process his or her experiences in CPE and ministry. It is in this space that he or she can receive feedback from peers and supervisor. It is here that students can learn to work with their own introjections and others’ projections and identifications. It is through interpersonal experiences in this space that individual participation in both the conscious and unconscious workings of the group-as-a-whole process becomes evident. It is here that some perception of the human/divine dimension, a Mysterious Other, may even occur.”⁵³

⁵¹ Mahedy, 63.

⁵² Peter Marin, “Living in Moral Pain,” *Psychology Today* 15, no. 11 (Nov. 1981): 74.

⁵³ Joan E. Hemenway, D.Min., *Inside the Circle – A Historical and Practical Inquiry Concerning Process Groups in Clinical Pastoral Education* (Journal of Pastoral Care Publications, Inc., 1996), 213.

Although IPR uses elements of the therapeutic process, its primary focus should be how the student ministers to the patient. IPR is not therapy although therapeutic issues will surface. It is the responsibility of the student to take these identified issues into a therapeutic setting in which he or she can further explore how his or her issues impact their work with the patients. For example, a student becomes aware that he or she has strong attachments or strong reactions to elderly men. In IPR the student might gain an understanding that this stems from his or her relationship with his or her father. The group will help the student explore the feelings around the elderly male authority, and at the same time guide the student back to discussion of the patient and how he or she would manage these issues of counter transference in being able to effectively minister to the needs of this patient. The focus of a CPE group is educational, not therapeutic, although therapeutic issues are dealt with as they surface in relationship to the patients to whom the student ministers. This is a clear illustration in how the action-reflection-action model is used in the CPE process to foster personal, professional and theological growth.

This model allows the CPE student to bring issues he/she is struggling with in ministering to patients. It is an opportunity to examine one's ministry to the veterans and to raise concrete questions about how one ministers to them. The more they learn this in their own lives, the more they can facilitate the same process in the patients they visit. It challenges the CPE students' theology, challenges their clinical practice, and sometimes trips transference or counter transference issues. As the unit unfolds, the CPE student learns and grows in this process personally and professionally. The rawness and starkness of the veterans' experiences need to be expressed, and the student needs to not be afraid of this and to accompany the patient through the roughest and darkest of feelings. Mahedy provides a descriptive example of this:

“ “God,” he shouted, “...Where were you in Vietnam?” We had never before discussed religion, though I knew he was an ex-Catholic and he knew I had been an army chaplain

in Vietnam. On this particular evening, however, religion and the pain of his shattered faith caught up with him. The real source of his rage had surfaced at last. . . . For years he had lived in total spiritual eclipse. No ray of light or hope had entered his soul since Vietnam. Now, from his own dark night of the spirit, he cried out in rage and anguish. God was to blame. . . . in the jungles of Southeast Asia, God hadn't delivered. Where had He been? Why had his presence not been felt in Vietnam? For countless veterans that same question remains unanswered."⁵⁴

How will a CPE student minister to a veteran who surfaces such depth of anger and pain? How is this pain unique in the veteran population? The CPE student must be willing to meet the veteran in that depth of his soul, to be comfortable at that level of honesty and vulnerability, within himself/herself and in his/her relationship with God. The CPE process encourages and supports the student to struggle with his/her own journey while he/she ministers to the patients. And from that struggle, the CPE student finds within him/herself the ability to heal his/her own pain and to be wounded healer while simultaneously enabling the same process among the veterans.

Another important element to being pastoral is to be able to use rituals of worship that can be powerfully healing in their symbolism and ritual. The CPE students had opportunities to use ritual that focused on particular issues of the VA. It is an important healing moment for those estranged from society to find their way back into society. Students used rituals in their ministry to the veterans and act as agents of reconciliation. They offered the veterans an experience of acceptance, love and respect that helped restore the wounds and empower them to regain their sense of dignity and worth as human beings.

There is a new generation of veterans, asking similar questions to what their predecessors asked. Nathaniel Fick recently returned from the war in Iraq and he is struggling with how bad the war really was. He talks out some of his issues with his girlfriend who tries to console him. But the experience of the war leaves distaste in his soul.

⁵⁴ Mahedy, 5.

“ ‘Was it a waste?’ I asked. ‘No,’ she replied. ‘They won, and Lincoln issued the Emancipation Proclamation. They freed the slaves, the way you freed the Afghans.’ I didn’t answer. ‘Think about the women under the Taliban and the poor Iraqis under Saddam,’ she continued, seizing a chance to change the subject. ‘You helped do so much good for so many people. Why can’t you take comfort in that?’ Staring down at the water, I measured my words, running through a justification I’d given myself a thousand times before. The good was abstract. The good didn’t feel as good as the bad felt bad. It wasn’t the good that kept me up at night.”⁵⁵

Working with veterans, as with any patient population, is a challenging and rewarding experience. This project helped to define the pastoral tools that are most helpful for CPE students to be effective ministers to this distinct group of patients.

BIBLICAL/EXEGETICAL ASPECTS

While the project was about working with CPE students, understanding the struggles the students will face when ministering to the veterans was extremely important. Many veterans struggle with guilt feelings for having killed in combat. Arming CPE students with the Biblical meaning of the commandment not to kill which has influenced our faith and culture as a society so profoundly was critical in helping the CPE students gain insight as to the depth of the veterans struggle and open up the ability to discuss how a chaplain may be able to help the combat veterans find healing and reconciliation with themselves and with God as they understood him.

“Guilt also has been a frequent sub-theme in the spirituality of these veterans. It has been most often related to close-up killings, torture of captives, rape of civilians, being unable to save a buddy, and leaving before the end was clear and buddies safe, either because they were wounded, or their tour was up. The most often heard struggle was the clash of the Biblical admonition “thou shalt not kill” with the knowledge that they had killed other human beings. They did not feel they could be forgiven for that action by God, no matter how rational the act had seemed or how it had been condoned at the time in the field.”⁵⁶

This project sought to assist the CPE Students in broadening their theological reflection on the issue so that they may be more prepared to discuss this issue with veterans to whom they

⁵⁵ Nathaniel Fick, *One Bullet Away* (Boston: Houghton Mifflin Company, 2005), 369.

⁵⁶ Barton and LaPierre, 8-9.

minister. Besides their own interactions with veterans, students were provided with articles to read about Post Traumatic Stress Disorder and Traumatic Brain Injury and its impact on veterans and were asked to reflect upon these issues.

One student read the article, *Horrific Traumata- A Pastoral Response to Post Traumatic Stress Disorder* by N. Duncan Sinclair. The student's reflection on the article helped her to realize her own traumatic response and gave her new insight into the body's response and the Veterans' experience. The student wrote:

"He [the author of the article] goes on to emphasize that, 'Physically, emotionally, and spiritually the old moment is *relived, not just remembered.*' (It gave new understanding to why after a devastating fire in my apartment building, I found myself crying when I heard sirens!). And since to experience what is not there resembles the classic signs of mental illness, the victim becomes circumspect and to avoid the risk of sharing the bizarre experience they began to withdraw. The realization that the experience is the actual re-experience of the trauma, coupled with the tendency to separate themselves from others gives me valuable insight into the patients I have worked with and those to come."⁵⁷

The student continued to reflect on other aspects of the article including how the author categorized PTSD as a spiritual disorder. The author of the article listed ten spiritual attributes most impacted by serious traumatic injury. The student's response was surprise that she could match a patient or patients to every injury in the list! Her experience in patient visits confirmed what she was reading.

SPIRITUAL LIFE AND PRACTICE

The Vietnam veterans often presented as spiritually empty. Eventually they began to recognize their own power to heal themselves. Having touched the depths of their wounds and

⁵⁷ Taken from the reflection of one of the CPE students in the study. Her name is withheld to preserve anonymity.

having spent time binding them, the veterans were now ready to heal a wounded world. It was the wounded healer model in action.

“The spiritual journey of the vets is important for America, especially for that part of America that calls itself Christian. The veterans were forced to confront questions that most people either never consider or else consciously evade. Their story contains profound spiritual lessons for an America that desperately needs to learn the meaning of its own dark side and must discover how to find God in the midst of pervasive moral evil.”⁵⁸

For CPE students who are committed to be chaplains and work with those suffering spiritually, the patients are teaching the story of the long dark night of the soul for anyone who cares to read about their journey. Only their story is not written in black text on a white page, but rather it is written in their fears and tears, their struggles to survive and mete out an existence after the war. Their story is written in their absence from our church pews, in their isolation, and in their substance use, trying to numb the pain with which they live. It is a dark memory and yet one that chaplains verbally assert they wish to heal. Chaplaincy to veterans tests that assertion and challenges the students about whether or not they really wish to walk that road with the suffering veteran. The journey in spiritual ministry with a veteran is life altering for the chaplain as well. As Henri Nouwen asserts:

“Who can save a child from a burning house without the risk of being hurt by the flames? Who can listen to the story of loneliness and despair without taking the risk of experiencing similar pains in his own heart and even losing his precious piece of mind? In short: ‘Who can take away suffering without entering it?’ ”⁵⁹

To be the wounded healer, according to Nouwen, is to be able to be a hospitable host, to pay attention to the guest, and to withdraw into oneself, away from one’s own needs so that one can intentionally listen to the needs of the guest. It is to provide a space where deep suffering can be shared. James Hillman describes it this way:

⁵⁸ Mahedy, 6.

⁵⁹ Henri J.M. Nouwen, *The Wounded Healer* (Garden City, New York: Image Books, 1972), 72.

“For the other person to open and talk requires a withdrawal of the counselor. I must withdraw to make room for the other . . . This withdrawal, rather than going-out-to-meet the other, is an intense act of concentration, a model for which can be found in the Jewish mystical doctrine of Tsimtsum. God as omnipresent and omnipotent was everywhere. He filled the universe with his Being. How then could the creation come about? . . . God had to create by withdrawal; He created the not-Him, the other, by self-concentration. . . On the human level, withdrawal of myself aids the other to come into being.”⁶⁰

The chaplain so desires to heal but must have created that space within in which he has bound up his own wounds so that he can be ready to meet the other and through hospitality to the other, through attention and intentional listening, through withdrawal of one’s own needs and problems, create a space where the other, the veteran, can share his suffering, his pain, his loneliness, his isolation, his hurt. The chaplain’s role is not to take away that pain and suffering, but rather to walk with the veteran in the midst of that pain and suffering, to share with the veteran the depth of that suffering. To be the wounded healer, the chaplain must be willing to set aside his own agenda, his own neediness for a while, and patiently listen, and patiently share time and space with the veteran, paying close attention to his guest. In this way, when suffering is shared in its depths, the chaplain can be wounded healer of the veteran. Likewise, the veteran who is enabled to articulate his pain and suffering becomes wounded healer for the world.

The chaplain is accustomed to some degree of encountering patients and members of one’s congregation with moral affliction. In fact chaplains engage in various rituals and worship services of atonement. But what is surprising to new chaplains, is the depth of need in the veteran for resolving moral conflict, for experiencing forgiveness for an evil so strong that they cannot dislodge it from their soul. The CPE student struggles with this encounter and how to minister to one of such profound need.

“Guilt has a bad name in our society. . . . guilt reaches more deeply into the human soul than our society is willing to admit. Guilt sometimes arises from our awareness that we have, in fact, participated in evil, that we have violated conscience and acted against

⁶⁰ James Hillman, *Insearch* (New York: Charles Scribner’s Sons, 1967), 31.

moral standards we had previously accepted as valid. As the Vietnam soldiers discovered the truth about war, many experienced a profound and altogether appropriate sense of guilt.”⁶¹

Almost like Adam and Eve who ate the forbidden fruit from the Tree of Life in the Garden of Eden, a profound sense of awareness of who one is overcomes one’s soul. It is an innocence lost that cannot be recovered. It is the same for the experience of sexual abuse, the child victim is sexualized and loses not only one’s virginity, but one’s innocence. Not only the innocence because he/she never had sex before, but in the case of profound abuse – the realization that the human world in which one lives is not a utopian image. The child’s experience of abuse, contact with an evil that has touched his/her soul, gives him/her knowledge that utopia is only a dream and not reality. The child has come to know the reality of evil in the world. It’s like that with the veteran. He has touched evil. He has seen death wrought at his own hands. He can’t wash off the blood that will always stain him. He knows the fruit of the forbidden tree and can never again know the innocence that those back home in America know. For most have not smelled the blood, have not seen the guts of one’s fallen comrade, have not seen plunder of villages, the rape of the enemy’s women, or experienced the pleasure of participating in and enjoying the rush of killing. But the veteran knows this truth deep in his soul. He cannot deny who he is.

“The journey into unrelieved darkness of the soul begins at that moment a person first discovers who he is. The veneer of civilized behavior, smug feelings of righteousness, the naïve belief that all’s well with the world, can dissolve in a single instant of mad violence. In that unforgettable moment of discovery, a person realizes that within himself lies an almost limitless capacity for violence. Monstrous evil is no longer something he can attribute only to others. It is intrinsic to himself, something he shares with his opponents on the battlefield, with the peasants in the villages he has burned, and with his friends and relatives back home. Like a primeval Adam, he stands naked in the garden, overcome by sin.”⁶²

⁶¹ Mahedy, 9.

⁶² Ibid., 10.

So how does the veteran face that knowledge? How did Adam and Eve? They were overcome by the awareness that they were naked. They hid from God. They no longer walked freely in the Garden of Eden. For some of our veterans, this response of Adam and Eve is not unlike their own response.

“One frequent outcome of the veterans’ inner conflicts over their role in the war was their abandonment of their spiritual belief systems.”⁶³

“Their experiences of organized religion were affected by their feelings of abandonment as well as the often accompanying fear of being in crowds where they could not be in control. They became unwilling to risk relationships once back in society, and they were burdened with guilt, alienation, and rage at God for having abandoned them or allowed such horror to happen during their time at war. As a consequence, they had little or no involvement with organized religion upon return to the States.”⁶⁴

Each of the above issues that veterans deal with, moral conflicts, guilt, darkness of soul, alienation from spiritual belief systems, are areas the CPE student needs to be trained to handle competently. In addition to looking at these issues in their own lives they must be receptive listeners to the deep spiritual pain of the returning veteran. Time is irrelevant in this because the pain does not go away until it is dealt with and brought to some measure of healing. This is the role of the chaplain to enable that healing process and to journey with the veteran patient to some level of inner peace and freedom from torturing inner conflict.

THEOLOGICAL ASPECTS

Thesis 1: Theology of Patriotism

The U.S. ethos is built on the three principles of serving God, country, and family. Therefore, the Veterans come out of an experience of serving their country because of cultural and religious belief systems. In the context of military service, patriotism is rooted in a belief

⁶³ Barton and LaPierre, 9.

⁶⁴ Ibid., 9.

that the soldier is interdependent to each other and needs to work in a system that requires obedience and loyalty. If one is not loyal or does not obey, the consequence is punishment. From the origin of humanity, there is an evolving theme that eventually becomes patriotism. Patriotism rises from early records of human history. In scriptures loyalty to God is seen as being patriotic. The patriotic notion develops over the centuries of human history and takes shape in the Greco-Roman tradition of the strong, brave male who fights to protect women, children, and country. Hence, a patriotic theology rejects any notion that challenges loyalty to God. Human weakness is often equated to being unpatriotic. As a result, human emotions are discouraged or seen as a weakness, except the expression of anger and aggression. In the theology of patriotism, God is viewed as a *Warrior Spirit* who fights against the devil or evil. Consequently, God is portrayed as a masculine entity that represents power and dominance in order to achieve justice and peace. The family concept is composed of the traditional model of nuclear family; namely, mother, father, and children. The church is perceived as a perfect community of love and unity. However, in our times the veteran is often faced with the reality of the single parent household, same sex concept of family, and the dysfunctional or broken marriage. In addition, the veteran is confronted with an image of God and Church that is filled with human brokenness, such as sexual misconduct, financial corruption, and power abuse. Lastly, the veteran often feels disillusionment and perceives abandonment by political leaders who promised rewards to those who defend their country against enemies. This brings the veteran to doubt or mistrust authority whether it is religious or secular.

Thesis 2: Theology of New York Harbor Healthcare System

Harbors are places where people arrive after a journey to find security and grounding from the sea that can bring them life or death. The veteran is promised by the NY Harbor

Healthcare System, a place of security and grounding from the stormy waters of addiction and mental, physical, and/or spiritual ailments. Instead, the veteran finds the reality of a human institution, that tries very hard to help the veteran to find healing from his/her disease and pain but that often falls short despite high-tech medical care and all available resources. He/she may discover that their ailment might be taken care of technologically but what they mostly yearn for is a nurturing, caring, and unconditional environment of love. The role of the Chaplain is to offer a safe harbor where the veteran may feel secure and nurtured without being judged or evaluated based upon their religious or spiritual beliefs.

The VA offers two models of Chaplaincy. The first model is based on prescribed religious rituals in order to provide the veteran salvation. The second model is based on the Clinical Pastoral Education (CPE) model that takes the veteran where s/he is with or without religion and fosters an authentic spiritual self that may or may not include religious beliefs.

The VA NY Harbor Healthcare System is committed to a diversity that includes all beliefs and faiths. In the first model, the Chaplain can be ineffective and at times limited in their ministry to the veteran who is a “fallen away Catholic,” an “Unorthodox Jew,” and a Protestant “back slider.” Ideally, the CPE student needs to integrate model one and two by learning and applying the pastoral care skill of the “Action-Reflection-Action” model. Based on the CPE model of training, the CPE student learns to be inclusive, embracing all people and listening to their stories of lament with respect and awe.

A pivotal challenge that faces the Chaplain is the importance of confronting their biases or prejudices when ministering to the veteran. For example, working with the returning veteran from the Iraq and Afghanistan wars often challenges the CPE student to move away from his/her personal political views. It is only in the clinical model that one can recognize their own

limitations and learn to accept the other person for who they are and not what the Chaplain wants them to be.

Thesis 3: Theology of Suffering and Pain of the Veteran

The Theology of Suffering and Pain of the Veteran highlights the reality that most veterans were never able to connect to the society that they left behind when they entered the military service. The military taught them that suffering and pain is to be conquered and endured as opposed to expressing their pain and suffering. In addition, the younger soldiers are mostly physically fit to endure the harshness of the military experience of war and combat. What remains unseen was the spiritual and emotional pains that war and combat inflicted upon them. It is only recently that a diagnosis of Post Traumatic Stress Disorder (PTSD) has been acknowledged and considered as a result of the military milieu. When veterans are physically frail and sick, they begin to question their meaning and purpose of life. It is through their spiritual/religious beliefs that they find hope and meaning in the face of illness and pain.

Many theologians offer us insight into the realm of suffering. Gustavo Gutierrez, Catholic priest and author of several books which discuss Liberation Theology in the Latin American context, offers us these words:

“How are we to speak of the God of life when cruel murder on a massive scale goes on in the ‘corner of the dead’?”⁶⁵

If we think about the experience of the veterans, they have witnessed, not the repression of Latin America, but the reality of war which is not so dissimilar to the Latin American experience that Gutierrez or Archbishop Oscar Romero in San Salvador have long articulated. The veterans have witnessed death at the hands of their comrades, death at their own hands, death at the hands

⁶⁵ Gustavo Gutierrez, *On Job: God-Talk and the Suffering of the Innocent* (Maryknoll: Orbis Press, 1987), 102.

of the enemy, a cruel and savage death whose blood cries out from the earth and from within their souls. The veterans' experience is one of suffering from all that they have witnessed, and all that they have seen. They have also witnessed the consequences of their actions – in the eyes of mothers and children who have lost their parents, their brothers, their fathers in the war. It is one thing to kill another man, but then to look that man's child in the eyes knowing that you have taken the life of that child's father is a haunting experience. How does one reconcile these experiences with God? With oneself? With this family and the countless others who have experienced consequences from the war?

Jurgen Moltmann expounds a theology where God in Christ shows his solidarity with humanity.

“ ‘The sufferings of Christ’ are God’s sufferings because through them God shows his solidarity with human beings and his whole creation everywhere: *God is with us.*”⁶⁶

There is hope in the theology that sees God’s solidarity with humanity. For Moltmann, God’s love heals suffering.

“For the suffering in suffering is the lack of love, and the wounds in wounds are the abandonment, and the powerlessness in pain is unbelief. And therefore the suffering of abandonment is overcome by the suffering of love, which is not afraid of what is sick and ugly, but accepts it and takes it to itself in order to heal it.”⁶⁷

Without belief that the veterans’ suffering can be healed, one would find chaplaincy to veterans hopeless. One must have a conviction in the transformative power of their experience and their journey to find meaning and healing.

Clinical Chaplaincy offers healing of the soul, not a cure. The CPE students learn to journey with the pain and suffering of the veteran and be a healer through their clinical skills

⁶⁶ Jurgen Moltmann, *The Way of Jesus Christ. Christology in Messianic Dimensions* (San Francisco: Harper Press, 1989), 173.

⁶⁷ Jurgen Moltmann, *The Crucified God: The Cross as the Foundation and Criticism of Christian Theology*, trans. R.A. Wilson and J. Bowden. (London: SCM Press, 1974), 46.

which does not impose views or beliefs but rather brings out from the veteran his/her spiritual resources. The Chaplain is not there at the bedside to offer a cure, but healing that comes from within the person's religious and spiritual beliefs. The Chaplain/student is not preacher, teacher, or intellectual theologian, but rather a compassionate clinically trained professional who listens to the stories of the veterans and who helps them make a connection to their spirituality, to how their story is connected to God. Moltmann expands on this solidarity that can happen in the interaction one with another:

“Anyone who ‘has compassion’ participates in the suffering of the other, takes another person's suffering on himself, suffers for others by entering into community with them and bearing their burdens. This suffering in solidarity, vicarious suffering which in its vicariousness saves, is the suffering of God.”⁶⁸

The CPE Student, the pastoral caregiver is called upon to walk in solidarity with the veteran on his spiritual journey. It is no easy or comfortable task, for it demands one to be changed by looking at the journey through the eyes of the veteran, to stand in solidarity with him in the mud, in the pain, in the loneliness, in the isolation.

“It is only the person who knows loneliness and does not flee from it who can hold community with the lonely. It is only the person who knows the frontier where all human help fails who can stand by the helpless. It is only the person who knows the guilt which no one can make good who can remain beside the guilty. It is only the person who has made dying a part of his life and no longer represses it who can accompany the dying. Solidarity in the depths is the community of suffering, the guilty and those who mourn. They can no longer help themselves and support one another simply through that very fact. I believe that no fellowship is more profound and no sympathy communicates a deeper happiness than this solidarity in the depths.”⁶⁹

Gustavo Gutierrez's understanding of Liberation Theology came out of his life in solidarity with the poor in Peru. He stood beside his countrymen and participated in their suffering. He witnessed the people as they found their voices to speak out.

⁶⁸ Jurgen Moltmann, *The Way of Jesus Christ*, 178.

⁶⁹ Jurgen Moltmann, *The Power of the Powerless*, trans. M. Kohl (London: SCM Press, 1983), 110.

“The most recent years of Latin American history have been characterized by the discovery of the real-life world of the ‘other,’ of the poor and the exploited and their compelling needs. In a social order fashioned economically, politically, and ideologically by a few for their own benefit, the ‘other side’ has begun to make its voice heard. The lower classes of the populace, forced to live on the margins of society and oppressed since time immemorial, are beginning to speak for themselves more and more rather than relying on intermediaries. They have discovered themselves once again, and they now want the existing system to take note of their disturbing presence. They are less and less willing to be the passive objects of demagogic manipulation and social and charitable welfare in varied disguises. They want to be the active subjects of their own history and to forge a radically different society.”⁷⁰

It seems that Mahedy is describing this same experience of liberation, of the veterans finding their voice and wanting to change society as he described the Vietnam veterans coming together out of their pain, suffering and isolation and joining the rap groups in the Vet Centers. The Vietnam veterans were finding their way through the suffering and wanted to make meaning of it by changing the fabric of American society. Gutierrez’s milieu was the Peruvian oppressive experience while the Vietnam veterans experience was here in the United States following a war that did not support its veterans when they came home. Cast into the margins, they suffered. We must now listen to their voices – to their ‘disturbing presence’ and to hear what they have learned out of their souls’ darkest night.

⁷⁰ Gustavo Gutierrez, “Liberating Praxis and Christian Faith,” *Frontiers of Theology in Latin America*, ed. Rosino Gibellini, trans. John Drury (Maryknoll: Orbis Press, 1974), 1.

CHAPTER 9: COMPARABLE MINISTRIES

Coming to understand the trauma Vietnam veterans with Post Traumatic Stress Disorder (PTSD) were experiencing and trying to help them with the war's impact on their spiritual belief systems, Gail M. Barton, MD, MPH and Chaplain Lawrence L. LaPierre, D.Min., conducted a time limited group.

“The purpose of the group was to elucidate the variety and depth of the veteran's spiritual issues, to suggest ways to modify their despair and to move them toward a more positive spiritual journey. The concept of being on a spiritual journey was understood to be a useful construct in describing an individual's spirituality.”⁷¹

“The authors ... understand spirituality to be a multi-dimensional aspect of human experience. Spirituality may be conceptualized as six such dimensions or factors: journey, transcendence, community, religion, “the mystery of creation” and transformation. In other words, humans can grow as spiritual persons along any of six directions independently or in various combinations.”⁷²

Their 12 week group had 7 veteran members and met 1 ½ hours each week; these were group discussions led by the Chaplain and Psychiatrist. The themes that emerged in the 12 sessions included their spiritual upbringing, guilt, rules, story of trauma, their current feeling of being spiritually adrift, isolation and loneliness, control, questioning forgiveness, violence, judgment, meaning, and finding forgiveness.

“The experiences they had in Vietnam led them to distance themselves from God because God had failed to live up to their expectations-i.e., they experienced God as having allowed the unthinkable to happen and, worse yet, that God had allowed them to participate in the unthinkable.”⁷³

These Vietnam veterans were afflicted with a denial of the enormity of what happened to them and were finding difficulty finding meaning in life. The veterans not only expressed guilt

⁷¹ Ibid., 4.

⁷² Ibid., 6.

⁷³ Ibid., 14.

from not living up to the commandment *Thou shalt not kill* (Exodus 20:13), but with the contradiction that religious authorities condoned the killing.

“The group seemed to recognize, at least somewhat, that recovery from at least some of the effects of evil is possible. Meaning *can* be found in new experiences. Wholeness *can* be redefined to include the self who is. Truth *can* be understood more appropriately or with fewer impediments to perception. Opportunities to establish or support life-giving experiences *can* be created in new contexts. Regression along any of the six directions of spirituality noted earlier *can* be reversed, with sufficient help, so that one at least begins to move in more positive spiritual directions.”⁷⁴

Another comparable ministry is the twelve step group for veterans, families and friends. Using a similar approach as Alcoholics Anonymous, VFF (a twelve step group for Veterans, Families and Friends) is a means to help these individuals and families recover from the effects of war on their lives. The welcome statement read at the beginning of a VFF meeting states:

“We are a group of veterans and families and friends of veterans who come together to find support and understanding of our common problems. Look around you and you will see people who have experienced many of the same things you have experienced. Veterans of war develop certain characteristics which may be understood as a normal response to trauma. Families and friends may also have these characteristics due to past life experiences, or their life with a veteran, if that life has been traumatic. Families and friends may also develop a pattern of caretaking and people pleasing which becomes a burden.”⁷⁵

The twelve step group has helped countless veterans, family members and friends of veterans to recover from the trauma associated with their exposure to combat training, combat experience, or living with a veteran who has undergone such training and traumatic experience.

A third comparable ministry is that described by William P. Mahedy. Mahedy is a chaplain who worked extensively with Vietnam era veterans and he wrote about the rap groups that formed among veterans. These rap groups became a source of healing and an opportunity to share with one another their experiences during and after the war.

⁷⁴ Ibid., 16.

⁷⁵ *Suggested format for a twelve step group for Veterans, Families, and Friends*. High Springs, FL: Patience Press, 1.

“Rap groups and self-help centers would have been impossible apart from the profound conviction that veterans could heal each other and in the process transform themselves and even change society. The Vet Centers came into being only because a handful of people believed that the bitter ashes of despair could be transformed into personal healing for hundreds of thousands of veterans.”⁷⁶

Veterans shared common post-traumatic effects such as nightmares, hyper vigilance, flashbacks, and the impact on their social lives including inability to maintain employment, difficulties in their marriages, difficulty in interpersonal relationships, and difficulty with substance abuse. Likewise they shared their sense that what they did in Vietnam was evil and their difficulty with a society who rejected them. Veterans shared their isolation, their grief, and their difficulties transitioning back to society following the war.

When chaplains and therapists began rap sessions for combat veterans following the Vietnam War, their eyes were opened. This ministry is described with great insight by William P. Mahedy. His work is an outstanding reflection of pastoral ministry to Vietnam veterans. Vietnam was a transformative experience, as was the experience of subsequent wars for veterans of those wars.

“... I never met a veteran who was willing to relinquish the insights or the altered vision of the world that grew out of his Vietnam experience. The burden of this new worldview is that it must be shared. Returning vets felt that they should exert a profound impact on society.”⁷⁷

While there are several ways out of the dark night of the soul, each veteran must find his own way. To resolve the moral conflict he is experiencing, there are various techniques.

“... many [veterans] have discovered the need to go back and reexamine their role in the war. Until this is done, there can be no individual transformation, and the journey out of the night must remain unfinished. Once a person has assumed the responsibility for past actions, then he or she is able to deal with guilt. In the guilt that grows out of war, there is always the recognition that one’s actions have had irrevocable consequences. People are now dead Children are maimed and orphaned because of one’s own personal

⁷⁶ Mahedy, 82.

⁷⁷ Ibid., 64-65.

actions. The consequences of these actions will last as long as the perpetrators and survivors live. The guilt of war is the guilt of having been the bearer of death and terrible suffering to one's fellow humans.

This kind of guilt is not amenable to being neutralized by therapy. . . .The only solution is to make a conscious decision to turn one's life around. Guilt that simply lurks in the soul must be changed, transformed. Whereas previously a man had been a bearer of death, he must now decide to become in his own way a bearer of light and peace. The drive, so powerful among veterans to transform society, to "turn America around," is one of the ways this new transforming force shows itself. The desire for deeper, more sensitive personal relationships is another."⁷⁸

The students need to learn that guilt is appropriate for evil acts and that the fruit of the long dark night of the soul is to own up to the realities of the experience and to learn from them. Using Christian imagery, one might consider Christ's death on the cross. As awful and agonizing as it was to watch the pain of Christ on the cross, to witness Mary, his mother at the foot of the cross with John the apostle looking on, the disciples needed to experience the depth and reality of his suffering and death, to mourn the loss of their beloved friend, to truly appreciate the experience of the resurrection. The gospels are rich with imagery of the paschal mystery. The grain of wheat that dies will bear more fruit. If it does not die, it remains but a single grain. There is fruit that is born in suffering. One is not suggesting that one be masochistic and desire suffering – but when it comes, it can be experienced as the paschal mystery – and out of the suffering and death will come new life, a rebirth, the resurrection experience. This is the lived theological truth that these veterans bear witness of... a theological truth that is not known through the head but experienced in the heart.

⁷⁸ Ibid., 102-103.

CHAPTER 10: RESULTS

The CPE students involved in the research project included six students, three males and three females. They were a diverse group culturally and included Filipino, Jewish, African American, White, and Trinidadian. Their religious affiliations included ordained Protestant non-denominational, non-ordained Protestant non-denominational, Ordained Pentecostal, Episcopalian deacon, Catholic priest, and Jewish rabbi. Their ages ranged from 40s to 60s. One student was a veteran.

Individually, one can look at the image of God each student had, and the spiritual issues each encountered with veterans. Student 1 held an image of God who was compassionate, forgiving, merciful and loving. The spiritual issues this student encountered among his veterans included loneliness, survivor's guilt, spiritual injuries, veterans who communicated that no one cares for them, no one loves them, grief/sorrow over loss of a spouse, angry with God, a veteran communicating that God is punishing him, veterans repentant for sins they committed, an unworthiness to receive communion in one's church, and one veteran had a readiness to die if God would take him.

Student 2 held an image of God who cannot be confined, whose mercifulness is beyond her comprehension. The spiritual issues this student encountered among the veterans included longing for God, alienation from one's church, guilt, isolation, fear, and forgiving themselves for their wrongs during combat or during drug use, loneliness, and abandonment.

Student 3 held an image of God who is a triune God who created us in His image, who died for our salvation, and breathes life into our souls. God is forgiving, never turns His face

from us and is the source of unearned grace. The spiritual issues this student encountered among the veterans included guilt, fear, relapse, vocational call to ministry, and lack of fulfillment.

Student 4 held an image of God as forgiving, inclusive, and he is fundamentalist and his image is expanding. The spiritual issues this student encountered among the veterans included trusting in God, episodic violence, inability to fit into the hospital structure and be compliant, giving testimony, requests for prayer, isolation, request to conduct a gay commitment ceremony, preparing oneself to die and tying up loose ends with family members.

Student 5 held an image of God as one who is forgiving, yet also angry and punishes, corrects and rebukes his people. The spiritual issues this student encountered working among veterans in substance abuse recovery included making amends for wrong doing, repenting of horrific wrongs done while under the influence of drugs, shame, grief, homelessness, relationship issues, fear, fear of dying, readiness to die, and social isolation.

Student 6 held an image of God as one who is One, Creator, and redeemer (through the Exodus in Egypt). This student did not feel all sins were forgivable. The spiritual issues this student encountered working among veterans included domestic violence, family relationship issues, night terrors, fear, trauma, alienation from society, frustration as PTSD interrupts one's sleep and leaves one sleepy during the day and unable to function adequately, grief, loss, survivor's guilt, fears about surgery, low self esteem, and loss of hope.

Each of the students states that his/her image of God has not changed during as they ministered to veterans. What has impacted the students is the stories they encountered among the veterans. At times they were tripped by counter transference issues, and at other times they were challenged as they experienced that they were in over their heads. The issues of PTSD that the veterans presented were at times very deep and disturbing to the student chaplains. Other

issues such as end of life issues, anger with God, guilt, grief, and fear were more common to these students' repertoire and they found themselves more able to deal with these issues. As many of the veterans the chaplains were dealing with were also poly substance abusers, patients' manipulation also emerged and some chaplains were more adept at identifying it and dealing with it than others. In all cases, the student chaplains engaged the patients and listened to their feelings and concerns. More often than not, the students prayed with their patients.

The students identified many didactics that they found more or less helpful in their learning. The didactics that related specifically to PTSD, or psychiatric and substance abuse were appreciated by all the students. They expressed that these helped them to understand better the patients to whom they minister. Other didactics reported as helpful included boundaries, cultural identity, issues about end of life, pastoral counseling approach, spiritual assessment, cultural diversity, pain management, death and dying. The didactic on sexual identity issues was received as helpful to some students and less helpful to others who already possessed some clinical expertise in that area. A request was made for more on medical ethics by one student.

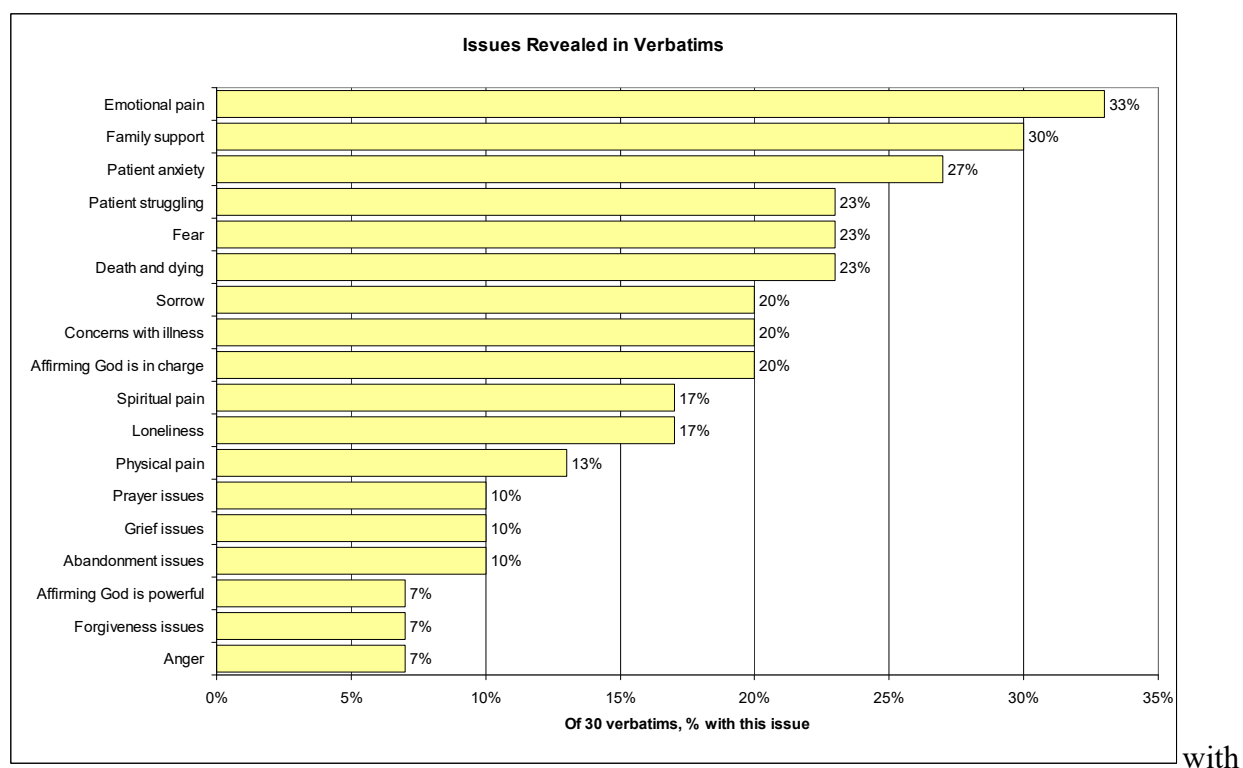
The students also found the other tools of the CPE process: supervision, verbatim, and IPR very helpful as well. The students expressed their serious desire to develop their clinical skills so that they can become better ministers to their patients. The students also learned a great deal from one another as they shared religious experiences from their own traditions. For example, the rabbi commented that he learned how communion or the blessing of a rosary meant a great deal to Catholic patients.

What was disturbing in some of the verbatims were spiritual injuries related by the patients to some of the chaplains. One such deep wound was inflicted by a priest who refused to hear the veteran's confession because he had violated the commandment, "Thou shalt not kill".

This man experienced 20 years of pain before being reconciled with the church. Another patient felt outcast from his Catholic Church when he arrived after the war wearing his uniform – and he was told that just being a soldier was sinful. The student chaplains did amazing work with these veterans trying to undo the wrongs that were done to these veterans by various pastors in the life of these veterans.

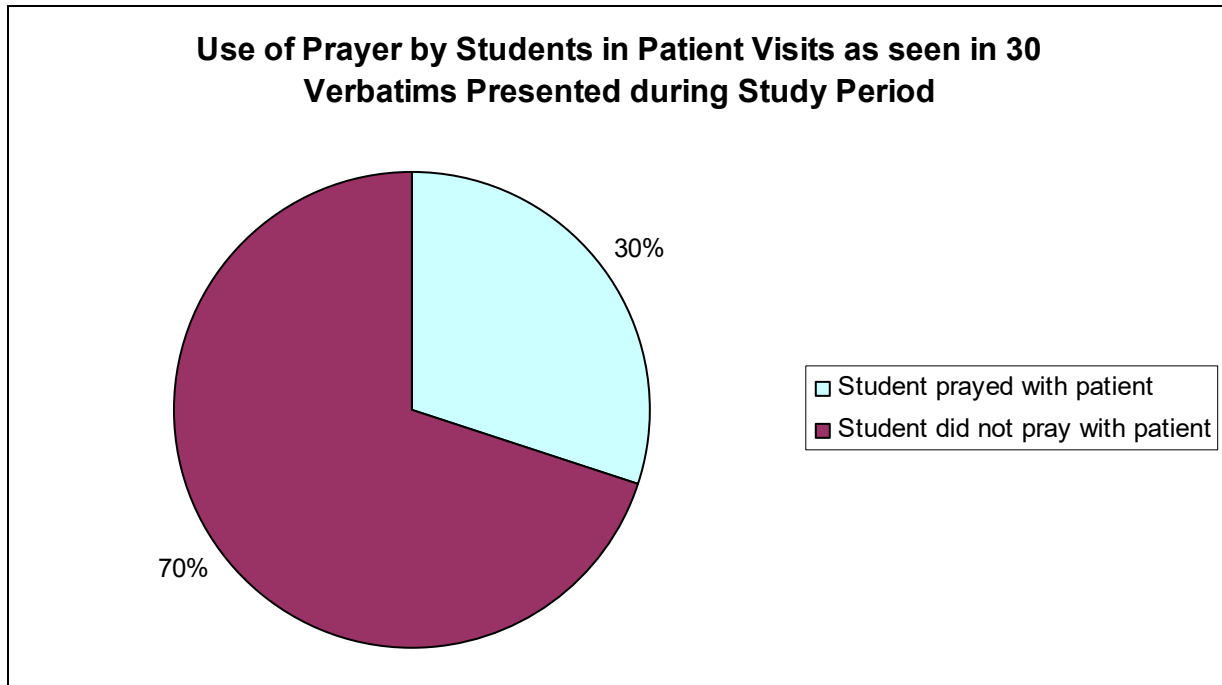
Quantitatively, 30 verbatims were reviewed in this research study. The patient sample represented in these verbatims included 7 Protestants, 1 Methodist, 1 Seventh Day Adventist, 2 Baptists, 1 Lutheran, 1 Pentecostal, 1 Salvation Army, 12 Catholic, 1 Eastern Orthodox, 0 Jewish, and 3 Unknown. Due to the historical nature of whom the nation allowed to be soldiers, the majority of veterans are male. In this sample, all 30 veteran patients were male. Their mean age was 62, their median age was 58, and the mode age was 56. All of the veterans spoke English.

The verbatims covered a variety of spiritual issues. 33% dealt with emotion pain, 30% with family support, 27% with patient anxiety, 23% with death and dying, 23% with fear, 23%



the patient struggling, 20% affirming that God is in charge, 20% with concerns around their illness, 20% were filled with sorrow, 17% with loneliness, 17% with spiritual pain, 13% with physical pain, 10% with abandonment issues, 10% with grief issues, 10% with prayer issues, 7% with anger, 7% with forgiveness issues, and 7% affirming God is powerful.

In terms of the CPE students, none of them really imposed their religious beliefs on the patients, but many times CPE students entered the room with an agenda. Examining these verbatims, three of the students had excellent listening skills, one student usually had excellent listening skills, and two of the students needed significant improvement in their listening skills. While at times all of the students had counter transference issues that impacted their verbatims, this was generally a significant concern for two students in particular. It can be noted that they are the same two students who needed significant improvement in their listening skills. Their counter transference issues impeded their ability to remain with the patient and to listen well. In 30% of the verbatims, the students prayed with the patients.



Individual veterans in the verbatims had multiple diagnoses. While five veterans were admitted primarily for psychiatric disorders, six veterans had PTSD listed as an additional diagnosis even though they may have been hospitalized for a medical problem such as knee replacement, and four had substance abuse issues.

In the CPE setting, students are challenged to integrate their chaplaincy experiences... for example:

The student comes from a religious tradition vis a vis the veteran who often is marginalized from their religious tradition and/or does not have any affiliation into an organized religious body. Can the student connect to the patient on a spiritual level without having to resort to his/her religious tradition? This presents a great challenge in the CPE model because all CPE students in a VA setting come with a theological or religious framework from which they minister.

Now the veteran says to the student, “Don’t talk to me about human suffering, tell me what you know. Unless you have seen, touched, or smelled the blood running, you cannot preach to me about what suffering and death is.”

A student working with patients who are dying is challenged to journey with the patient as the patient surrenders to letting go as he or she nears death.

The patient may struggle with his/her fear or joy in his/her imminent encounter face to face with God.

- The patient cannot run away from his/her dying. The reality of approaching death remains firm. The theology of the student is challenged in the face of this reality.
- As the student ministers to this patient, the student is challenged around his/her own beliefs about death. Who is God, and what does the student believe happens after death? Is the student able to face his/her own fear of dying, as he/she walks the journey with the patient?
- Each encounter with a dying patient challenges the chaplain on a deeper level.

Sometimes the encounter challenges one with questions:

- Am I angry with God?
- Is God angry with me?
- Will God forgive me?
- Does God really love me?
- What follows after death? Heaven? Hell? Purgatory? Nothing?
- Likewise, the patients are challenged with questions as they live out their illnesses or disabilities. Sometimes the challenges will come to the patients in the form of questions.
 - Is God punishing me?

- Is God punishing me because I accidentally killed that child in Vietnam?
- Do I deserve this punishment? Is it fair, just, unfair, unjust?
- Are my blessings the result of having lived a good life?
- Why did I survive when everyone else in my combat unit died?
- Why me? Why has God forsaken me?

The student is looked to for answers to some of these deep questions. Sometimes it is difficult to convey answers to what seem like questions without answers. None of us is God – so how do we know? What is faith? The student is challenged around what does he/she know of God, and how does he/she know? And how does he/she communicate to the patient what he/she knows about God?

The student is challenged in this setting also because he/she doesn't necessarily understand the depth of the pain or illness that the veteran is experiencing. Not medically trained, the student chaplain is at a loss for what is possible in terms of physical or mental recovery. His/her expertise is in the spiritual realm.

The student is challenged because the veteran could have a different faith than that of the student. Thus the student has to struggle to express his/her knowledge of God in a framework that is not the student's own religious framework.

The student is challenged also because the veterans often suffer from other spiritual injuries unrelated to their combat experience. There may be multiple spiritual injuries – including possible distrust of clergy due to experiences prior to the veteran's visit at the hospital.

Often times the student is challenged by the constraint of time. Patients are sometimes in the hospital for only days, while other times they are there for much longer times. How does one

set up a spiritual care plan for the patient to meet the intensity and depth of need the student encounters in the patient under the constraint of the available time?

Finally, the student is challenged with methodology. How does one heal chronic spiritual pain of such depths that the veterans who have been in combat experience? The students are challenged with drawing upon their own resources, their own strengths, their own abilities to being the instrument of healing. The students are challenged to put their public persona on the line – to be chaplain to the spiritually injured veteran. This is a physical test of competency, and adequacy. How does one measure success in spiritual care? How does one walk amid brokenness and not feel the pain oneself? How does one help to shoulder the burden of weight the veteran carries upon his shoulders? Does he use his Christian beliefs and tradition or what does he rely upon? What skills does he draw upon? What personal resources does he utilize?

Some Vignettes to illustrate the action-reflection-action model and the students' learning follow.

Vignette #1

A Roman Catholic priest who has never experienced death in his immediate family comes to minister to a Vietnam veteran who was one of the five survivors of his battalion. The veteran is suffering from Post Traumatic Stress, life threatening lung cancer, twice failed marriages, alienation from his 3 children. The veteran comes from a Roman Catholic upbringing which taught obedience and loyalty to God in exchange for God's assurance, protection, and guidance. He was taught to go to church, say your prayers, and God will bless you. At age 19 he was drafted and went to Vietnam. There he was faced with the brutal reality of war, violence, and constant insecurity and turmoil. The veteran initially does what he learned – all the right

things to serve his country. He prays, but then he is faced with the reality of his comrades being killed or severely wounded.

Upon return to the United States, he finds a society that sees him, not as a hero, but as a rapist, murderer, and a mercenary person. While in Vietnam, he cannot deal with the pain and suffering of the war. He was given drugs to numb his psychic, spiritual and physical pain of exhaustion. When he returned, he is addicted. His belief system is shattered. He feels guilty of the terrible things he has done in Vietnam. The veteran has participated in raping women in the villages of Vietnam. He stole from these villages – gold and other items – some of which he came back to the USA with. Then in order to cover himself and his comrades, he has to alter the truth regarding some of the details that went on in Vietnam. If it became public, he would be court martialed, and his companions would also end up in trouble. Now he is faced with a Roman Catholic priest who comes from an all-Catholic background and someone who ministered in a parochial setting in the suburbs.

The priest wants to offer him reconciliation and healing via the sacrament and some skilled counseling. However, the priest encounters a strong reaction from the veteran – a reaction of anger, rage, and rejection at the priest's visit. The priest feels rejected, unappreciated for his pastoral care and sensitivity and brings this to the group in IPR for group feedback and clarification on his ministerial approach. The priest asked the group for guidance. The group challenges to remain faithful to the veteran, and journey with him in his lamentation of a life and "faith" that he lost. The CPE Resident comes to an understanding that he cannot so quickly offer reconciliation and forgiveness without a process that requires listening over and over to the veterans story and pain, and coming to a point reconciliation when the veteran is ready.

This process was very painful for the priest who was used to offering absolution to the penitent who came and sought forgiveness in his ordinary parish ministry. When the veteran goes through this process of lamentation and catharsis, is able to ask forgiveness from God in the sacrament, and receives assurance from the priest that God has forgiven him. The veteran forgives God for God abandoning him in his pain, but the veteran is cannot forgive himself. The veteran is better able to cope with his own approaching death, begins to put his life in order and realizes that he cannot repair all the broken relationships of the past, but is able to write letters to his two former wives and three children. Upon returning from veteran, he entered a rehab program where he was able to remain clean until his first marriage failed. Then he re-entered a rehab and remained clean until his second marriage broke up. Then he re-entered rehab again and stayed clean until his diagnosis of lung cancer. He relapsed into drugs in order to cope with the pain and suffering. Now that he is in the hospital, he had again entered the rehab and is again clean.

The student learned that healing and reconciliation is a progressive process. Now his patient, even though he feels forgiven by God, has moments of where he goes in and out of the state to feeling he is truly forgiven, to falling back and thinking he has committed the unforgivable sin. The veteran can take with him that the chaplain was with him on the journey, that he offered a presence to the veteran that is real and affirming.

Vignette - #2

A CPE Resident who was a Rabbi that comes from a rigorous rabbinical training and several generations of Rabbis in the family meets a severely schizophrenic patient who is African American fundamentalist Christian. The patient veteran asked the CPE Resident: “Chaplain are you saved? Have you accepted the Lord Jesus in your heart?” The rabbi wears a traditional

Jewish colorful yamakuh. The Resident has an initial knee jerk reaction because he grew up in a predominantly Christian neighborhood where he often heard these comments from neighbors explicitly or implicitly. There was the perception and sense of anti-semitism in the neighborhood. His reaction was in anger and resentment for not being recognized as a Jew, and also as someone who is not saved, but as someone who is disfavored by God (because hasn't accepted Christ). The student has a brief conversation with the patient and refers the patient to a Protestant chaplain for ministry. In the meantime, the patient clicked with the Rabbi in a human sense. But the Rabbi wasn't able to hear anything about the patient's story. The patient was a paranoid schizophrenic.

When the student brought this to the IPR group, the feedback that he received was – has he explored with the patient what “saved” means to the patient? The group informed the chaplain that he was reacting from his own personal experience, and that he didn't give a chance to the veteran who was obviously mentally anguished and in pain. It was also clear that the veteran somehow felt drawn to the Resident because he was representing God, not necessarily Judaism or Christianity. But he was the messenger of God. The resident is encouraged to stay with the patient when he visits him, and explore with the patient the patient's spiritual anguish and pain. The IPR group told him that he had to go present this interaction to the interdisciplinary team. The interdisciplinary team told the Rabbi that the patient has a persecution complex and religious preoccupations due to not only his schizophrenia, but his Post Traumatic Stress made him full blown psychotic. The patient was resorting to his early childhood religious experience in which the good were rewarded and the bad were punished. The patient is an Iraq veteran. In his Iraq experience, often violence and religion were

intertwined. He had seen many people blown up, either on the way to the mosque or in the mosque. Or his fellow soldiers being attacked while the Iraqi soldiers chanted “God is great.” The veteran experienced also experienced severe physical injury to his legs and arms which caused him to be temporarily paralyzed and later recover with some limitations. The Chaplain returned to the IPR and again he was told to listen to the experience of the veteran and explore with the veteran his image of God, his theology, his own belief system. Upon return, the resident chaplain together with the feedback from the team, takes an approach of openness and entered into a relationship with the veteran, whereas the veteran now can bond with him and share his own doubts of faith to a God who promised protection and care at all times, unless a person fell outside of God’s grace—a “backslider”. So he stayed with him, journeyed through. The veteran is able to sound out the process – his questions, doubts, struggles, which are very Christian in their nature, with a chaplain who has no background in Christianity, but is able to connect to the veteran by focusing on the person who is in deep spiritual pain and feels alienated or persecuted by God...a God who has always been faithful to the patient and the patient faithful to God... until his experience of war in Iraq.

The student learned that he journeys with the patient, explores his spiritual injuries and then is able to connect to a level that has similar theological threads from Judaism as it relates to Israel being faithful to God and being rewarded and Israel being rebellious and getting punished. The veterans’ unfaithfulness comes from his experience of learning to kill in order to protect himself from the aggressors/the enemy. But how does it really make sense? He was taught to love your enemy, turn the other cheek, and now he is practicing tooth for tooth, eye for an eye.

Vignette #3

Patient Johnny was a 65 year old African American Vietnam Vet who grew up in a fundamentalist Protestant tradition. He was born and raised in the South. He was drafted into the military at a young age. He returned and was married and they had three kids. His married life was characterized by the patient as being very turbulent because he had in the patient's words, "a bad temper." The patient also admitted that he was a heavy drinker, but not an alcoholic. The patient had no drug history. There were several instances where he had become violent with his wife and physically harmed her, which ultimately resulted in a legal separation and divorce. The patient was estranged from his three children whom he abandoned when they were in their early teens because he became involved with another woman. Even though this second relationship ended in failure and only lasted a couple of years, he never reconnected with his children. His first wife raised the children all alone. Over the years, he contributed child support, but only paid the minimum required.

The patient worked on the docks and had a steady job but never really advanced in his career. He left his church after he left his wife and professed to be an atheist. He was often hostile toward God and Church. The patient characterized himself as a womanizer. When he entered the VA, he was sick with symptoms that eventually led to a diagnosis of stomach cancer which metastasized through his body. In the initial assessment, the CPE student was cautioned that Johnny was a very angry and hostile person and professed no religious affiliation, and in fact, was proud to call himself an atheist. The CPE student was a woman of African descent who enthusiastically went into his room to try to be "the savior". She was soon to find out that he was very hostile towards religion, especially anyone that reminded him of his upbringing as an evangelical Christian. This chaplain was an evangelical Christian who ministered out of her very narrow view of Christianity. The CPE student came back and reported to the group her shock at

the patient's anger, rage, and resentment towards God and Church. The CPE student was encouraged by her peers and supervisor to remain faithful to the process of CPE which said trust the process. She was told to go back in and assess whether the patient was saying he didn't want chaplaincy services, and thus respect the patient's right to refuse treatment including spiritual care. Interestingly enough, the patient said that he didn't want to refuse the chaplain, but that he wanted to argue with her to convince her that God did not exist and that everything that religion taught was human invention. For several weeks, the patient was visited by the chaplain and the process of catharsis continued. The CPE student often felt like she was in a pit that had no bottom. The supervisor encouraged her to stay with the patient in the mud, in the mess of his anger, rage, and resentment. As the patient approached death, the relationship between the CPE student and patient became close but always tense. He wanted her to be there but he was still hostile with Church and religion. This was very painful for the student, peer group, and supervisor to watch. But it was very much along the CPE model, allowing the patient to be where he is at, rather than where the chaplain wants him to be. The patient was able to achieve a sense of connection to the chaplain and indicated that he liked her being there as a friend, but did not want her to be there as a chaplain. Finally, the patient died on a weekend, while the chaplain was off duty. During the weekend as he was dying, he was able to speak to his estranged daughter. The CPE student was instrumental in connecting the estranged daughter a few weeks before his death. The student arranged a meeting with the patient and the daughter in the hospital which resulted in a reconciliation and some healing. The other two children did not respond favorably to an invitation to see their estranged dying father. The patient communicated to his daughter how much he appreciated the care of the Veterans Administration, especially the visits by the chaplain. He told the daughter that when he dies, he wants her to do the funeral.

service and also the eulogy. She is the only person who truly understands me. The chaplain upon discovering that her patient died, was very much shaken up, especially because she felt that the patient did not seek reconciliation and forgiveness with God before his death. However, upon reflection with the CPE group, she realized that the patient had achieved a reconnection with God through her because he explicitly wanted her to have a religious funeral. It was in appearance to the chaplain a failed ministerial event, but in reality, it was a true success story. What the CPE student found was that God was not in the box. God can work many different ways. God did not follow a formula in a traditional religious sense to bring healing and reconciliation. God did not have to work through the Pentecostal experience to bring back this man who was alienated and disconnected from Jesus. God used the chaplain to teach a lesson that God can reach the human heart in unlimited ways. Through the chaplains faithful presence and staying with him in the mud, God became incarnated in her and brought compassion, love and faithfulness without judgment. God is not in the books, but in the human experience working in the relationship.

CHAPTER 11: TRANSFORMATION

The CPE students integrated their personal, professional and theological competencies and were transformed by the experience of interacting with and walking with the veteran on his/her personal journey. Integration and transformation also occurred as some of their personal issues surfaced in the interaction, and the students reflected on these issues in their lives. During the second interview with the students, the students described how transformation occurred within them as they ministered to the veterans. Students names are withheld to protect their anonymity.

One student's history of ministry had placed him always in an environment of his own faith and never in a military environment. This student was transformed as he worked in the interfaith and military environment of VA New York Harbor Healthcare System. The veterans, whether they believed or didn't believe in the war, they entered the war as a soldier with a passion to serve their country. The transformation for the student is to appreciate this without necessarily believing in the same thing. The students in general tend to undervalue the military culture, a culture where you care for your brother and are responsible for him on the battlefield. This student was transformed by his immersion in a predominantly Christian environment in which the predominantly Christian population strongly believes in Christian principles such as turn the other cheek; while this student in his Jewish culture was more accustomed to the concept of an eye for an eye. It was a different kind of a justice. The student was transformed trying to understand what he could take into his own theology from this environment of Christian principles – and patients who are living in a predominantly Christian reality. This student struggled greatly with issues of Christian redemption. For example, in the Christian view, if Hitler in his last breath realized he did totally wrong and was truly repentant, he could go to

heaven and he would be redeemed, whereas in his understanding of Jewish theology, there is no such thing. This student stated that Judaism would not see that atonement is possible for a person who committed crimes against humanity, and that in the end he leaves it up to God to decide in the next world. God is a mystery. To this student certain things to him seem beyond redemption. He wrote this about his transformation process:

“It opened me up to working with an adult population I hardly worked with. I spent a summer working in a county jail and a year working in a high school in the Southeast Bronx. But this is more intense and opened me to the reality that some people may be so battered and damaged that they may never function in society. It made me both sad and more worldly. But theologically I still do not believe in evil as a force in of itself. Evil, to me is the absence of good, just as darkness is the absence of light. . . . I see evil in some men and women, but mostly I see dysfunction. It is my charge to strengthen the good, the just and the kind, as it is the job of psychology and psychiatry to strengthen the functional.”⁷⁹

Another student was married to a veteran who is both disabled and addicted. As she ministered to veterans, her transformation came as she touched these personal wounds through the veterans to whom she ministered. The transformation is now that she is bringing her skills learned at home into a professional forum where at times she did not tolerate enabling, while at other times she mildly and gently confronted addicted veterans who relapsed. As an African American woman in a society where minorities must struggle for acceptance, her transformation was also in the struggle to accept and value the veteran in a way that the veteran wants to be valued. The veteran is also a minority. This student has embraced Paulo Freire’s transformation through education. She wrote of her transformation in this way:

“This experience has been incredible and God filled in providing me an opportunity to work in my chosen arenas of recovery, homelessness and now palliative care. It is an arena for me to put into practice much of my theoretical and prior experience on an ongoing basis. The most powerful piece has been the reconnecting with my own personal wounds being a disabled veteran’s dependent wife. It has created a chance for discussion and growth in my and my family’s life. Professionally, it is helping me in the area of pastoral formation, I remember the first time someone called me ‘Chaplain’ and

⁷⁹ A CPE Student participant in this research study. The student’s name is withheld to preserve anonymity.

the sense of ‘awe’ I felt when I realized, yes I am a ‘chaplain’ or at least a chaplain resident, well on the way. It is a good feeling to see my dreams come true. Theologically, I am crystallizing many of my thoughts of faith and my own image of God is expanding to encompass the pain, suffering and wrath that are God. I am reminded of Sr. Pascal’s encouraging us to help our patients find God in the darkness because He is there too. The challenge to confront acts of God in this intense forum aids my theological development. It could not come at a better time with me completing my M.Div. and have to write my Credo. I find myself, testing my beliefs against the realities of what I confront in the VA. It’s an amazing testing ground. I feel quite privileged.”⁸⁰

Yet another student is more integrated and much more pronounced because of having done a year of CPE in the VA setting. The seasonedness makes the transformation more pronounced because she doesn’t have to struggle with some of the initial humps and bumps and obstacles that her peers are struggling with now. She recognizes, for example, her over-identification with the veterans’ pain and suffering. She knows the VA system well so she can advocate for a patient, and she can work the system to accomplish this with relative ease. The fact that she is a Caribbean of African descent, she lacks the intensity of the baggage of racism, although she is familiar with classism in her native country. At the same time, she has experienced racism here in this country and she reacts differently than the African American. She is also married to a veteran. She has lived the veteran reality through her husband. She is now seeing it through a larger perspective and picture. She is able to see the common denominator of a veteran, and thus she understands her husband better than if she hadn’t worked in this environment before. Initially some of her over identification and over involvement was because she was working out the projection into the future of her losing her own husband through the veterans story – in a sense an anticipated grief. She described her transformation in this way:

“Ministry with the Veterans taught me the importance of family support. When to say I am sorry and when to stand up and fight. That God can read anyone, anywhere and anytime despite their religious background. That suffering has no barriers. The

⁸⁰ A CPE Student participant in my research study. The student’s name is withheld to preserve anonymity.

importance of developing my relationship with God daily because He is the only one who can reach my inner Being and allow me to say, ‘It is well within my soul.’ It taught me to love others without reasons. It taught me to appreciate my health and my life. Day by day it taught me to continually strive for excellence/improvement which will make me more efficient in the ministry I am led to fulfill.”⁸¹

Another student comes from a homogenous culture and religious experience. His transformation is linked to his identity as a priest. He worked previously as a parish priest, but now he is a priest who provides spiritual care in a hospital setting. In his own Catholic tradition as he ministers to the veterans, he has moved from the sacramental approach to the pastoral spiritual care interfaith approach. In the past, his persona was very much connected to being a priest. Now his persona is connected to being a chaplain. He comes from a culture where he is submissive to authority and defers to authority which parallels the veterans’ experience of deferring to authority and looking to authority for guidance and direction. Now these veterans are out of the military and so out of that structure, and this student in a parallel way is out of that cultural arena. So they are still on parallel paths. The veterans and the student now have to deal with their own traumas of being submissive to authority and now have to claim their own authority. His transformation is that if he stayed submissive to authority in the parish setting, he would have been stifled and perhaps not allowed to be himself. Just as a soldier couldn’t really tell one’s commander that he disagrees or is angry with a decision, in the hierarchical church there are some similarities. Commanders are not always altruistic. Brende and McDonald describe it this way:

“The most serious corruption went through all strata of authority – right to the top. The ‘war of attrition’ strategy required that everyone play the numbers game. Body counts became a necessity. The troops in the field knew that enemy body counts were inflated, and they also suspected that American casualty reports were not accurate. They also knew from terrible experience that some aggressive commanders were willing to get their

⁸¹ A CPE Student participant in my research study. The student’s name is withheld to preserve anonymity.

career tickets punched by leading troops into the right kind of combat action, even if this entailed a needless expenditure of their own men's lives.”⁸²

At times a decision was made not for the benefit of the soldier or the priest, but for the benefit of acquiring recognition or higher status – for the career of the commander. This student is able to journey with the pain of the veteran, as he continues to work on his own issues. Where he had previously learned not to challenge authority, now he is learning to challenge authority, and not to accept everything said to him by authority as the word of God. The student describes his transformation this way:

“The CPE program helps me to transform myself, my ministry and my faith in dealing with the veterans. Besides, I learn to see life seriously. I cannot heal them physically. I cannot perform miracles as Jesus did, but I can heal them spiritually by bringing them closer to God. I became service oriented and I appreciate what I am doing today which I did not do previously in my nine years of ministry as a priest. Through the CPE program I value the ministry of presence with the patients. They appreciate my presence on the wards. I became more patient in dealing with the veterans. I appreciate my skills of listening and dedicate myself to work with all my heart. Professionally, I became more pastorally oriented. I try to put the words of God into action, not as a pulpit ministry but as a man of service. In other words, I visit the patients and am available to them if they need my services as a chaplain. I learn to practice what I preach. I learn to humble myself, that I was not ordained for the church only, but for those people who need my service as a chaplain. Theologically, my faith was strengthening and I find satisfaction in what I am doing. As the Lord said, when I was sick, you visited me. Through the words of Jesus, it makes me feel that I am doing the will of the Lord. Not to seek appreciation for what I am doing, but fulfillment in my ministry as a chaplain in the hospital.”⁸³

Another student was married twice before to veterans. Both of her previous husbands are now deceased. Because of this personal experience, she is very aware of death and dying. She also lives with Multiple Sclerosis so there is a certain affinity to people who suffer physically. Her transformation comes from learning to find strength through her own spiritual beliefs and her own faith. The challenge is that not every veteran has a religious belief. She tries to tap into

⁸² Brende and McDonald, 322.

⁹⁵A CPE Student participant in my research study. The student's name is withheld to preserve anonymity.

the spiritual. She has to move from the religion to the spiritual, and her tradition and something spiritual that they have. But she is high church, so at times she has to translate that spirituality comes from a lot of rituals. In the face of the veterans, the cross becomes real. It was real in her life in her own pain and in the death of her husbands, and now she has to confront that reality of the cross in the veterans. She describes her transformation in this way:

“I am more fully aware that the war is never-ending to the veterans who still carry with them their battle scars, be they physical or mental. The Vietnam vet with PTSD is condemned to re-experience his wartime experiences, as is the amputee, the divorcee, the substance abuser, and on and on. Professionally, I have developed an empathy that didn’t exist heretofore. The term ‘band of brothers’ is very much alive at the VA. While becoming bonded to one another they have experienced varying degrees of alienation to the civilian population who they feel couldn’t possibly understand what they went through. Theologically I am even more in awe of the incarnation. It is the realization that Jesus was fully human and fully divine that makes the crucifixion and resurrection so breathtakingly meaningful. Would that we could take on some of the veteran’s suffering.”⁸⁴

Yet another student’s transformation is in process and will depend on his ability to separate what is his personal veteran’s issues and what are his chaplaincy issues and identity. In this student, these become enmeshed and he is pushed to sort out what belongs to the veteran world and what belongs to the chaplain world. His transformation is to be able to identify in a ministry situation what are his personal veteran counter transference and what are his chaplaincy skills and role. His theological framework comes from a fundamental point of view that emphasizes perfection, loyalty, and in his faith that “be all you can be” mentality. There is little room for error. With the veterans, he often paints the picture rosy – he cannot sit in the mud. His transformation is to claim it and this is going to be an ongoing process. He needs to learn to take people where they are at (in the mud) instead of superficially where everyone is saved in the bath of Jesus’ blood. He has a lot of negative feelings buried in himself and because he is unable

⁸⁴ A CPE Student participant in my research study. The student’s name is withheld to preserve anonymity.

to sit in the mud with his veteran peers, he buries the negative feelings in others covering it up with the “being saved in Jesus’ blood.” This student describes his transformation process in these words:

“Seeing that I am a disabled veteran, I feel a great kinship with my fellow veterans. As I perform my Chaplain Resident ministry, I have become even more sensitive to the needs of this community. It is a challenge to become proficient in the multi-disciplined skills and knowledge categories that compose a well-rounded VA Chaplain...Personally, I am working on using better judgment in the decisions that I make in my life, trying to be especially conscious of how those decisions will effect those around me. Professionally, I am trying to learn VA Chaplain specific aspects of my job, such as the electronic record keeping system and learning how to work more efficiently with a multi-disciplined medical team and other professional staff. I have learned much from the veterans that are serious about their recovery from substance abuse and it has been my goal to enhance that learning with my own studies in the addiction/recovery field. Theologically, I continue to grow in the area of inter-faith studies and this largely due to being a Chaplain Resident in the CPE program.”⁸⁵

As the CPE supervisor and researcher in this project, I have learned several important lessons. I learned that in the VA setting, CPE students continue to deal with the common themes in learning about themselves, in learning about how their ministry and theology impact themselves and others. The students are learning to journey with people who are addicted, mentally ill, dealing with life threatening illnesses, chronic illnesses, dealing with ethical issues and death and dying.

I learned how the impact of the trauma of the veterans deeply effects the students learning. I also learned or relearned the impact of the VA male persona. The VA still has a male persona with all his strengths and weaknesses of a male world, and that women veterans and healthcare workers including chaplains have to really deal with the all male persona and not get caught up in it.

⁸⁵ A CPE Student participant in my research study. The student’s name is withheld to preserve anonymity.

I also learned from these students that the claim that ‘unless you’re a veteran, you cannot understand the veteran reality’ is not true. I’ve learned that at times it may seem true, but I’ve seen that one’s own personal issues (if you’re a veteran) can be a barrier and often interferes with one’s ministry. This is also true for spouses of veterans. Three of these students were married to veterans – which at times proved a strength. At other times it was a barrier. Unless the student has dealt with one’s issues from that marriage, it’s going to be a big stumbling block.

The greatest learning that I take from this research project is that future chaplains or chaplain trainees must be well screened and selected so that they’re able to journey with the veterans who are dealing with some horrible traumas. The fact that one is or is not a veteran is irrelevant – one can be a veteran and not have dealt with one’s own issues. One doesn’t have to be a veteran to be effective and comprehensive in one’s work as a chaplain. What you need is someone who has worked out one’s own issues and is able to journey with the other person’s pain.

What I learned is my transformation is that theologically I grew up in a multi-cultural multi-national environment and it was not really patriotic. It was nationalistic but not patriotic. One was proud of being Italian or Greek, and one would defend it. But it wasn’t anything that you’d give your life for (at least in my own family). So now I realized that a lot of those veterans were converted or had some sort of conversion – post military. That conversion can be described as either they became so embittered and disillusioned with government and society and religious establishment, that they are now very isolated and disconnected. This is also true spiritually; there is a spiritual alienation that goes along with this.

I appreciate through the students, and I became more aware of through the students, of the passion and love these veterans had toward patriotism. The veterans bought into the system.

I also see in my students – where three are married to veterans and one is a veteran, that they want to redeem the unredeemable in themselves as a veteran or in their spouses. They're making peace with the fact they married a veteran, or struggling to make sense of their situation – because they're seeing there are a lot of people out there like their spouses. It's an opportunity to have a lot of counter transference to flourish unless it is kept in check.

How will what I learned transform the VA CPE world and the CPE world in general? The supervisor needs to select students who are going to be learners, and not resistant to the learning process, not afraid to look at their issues. The supervisor needs to select students who will be less resistant and more open to change and transformation. If prospective students are so set in their ways and beliefs, they are not going to be effective with the veterans and not a good fit for the CPE VA world of learning. The learning is again – even though there are increasing numbers of women entering and having entered the military, the VA still remains a very male heterosexual dominated system. The prospective students need to be able to cope with that. If a student is a feminist and comes in ready to push one's feminist agenda, one would have a very hard time ministering to most of the veterans, as there is not an openness in this environment. This would be similar for the non-heterosexual as well. The military system is a very rigid system. It is intentionally not a porous system.

I also learned that there should be more didactics on specifically veteran issues in a CPE curriculum in a VA setting. For example, didactics or articles to read should not be just generic articles on grief and mourning, but specifically grief and mourning as it relates to the veteran. The same is true with death and dying. Everyone dies eventually, but the veteran deals with dying differently – because he is a soldier – he is going to die as a soldier.

APPENDIX A
INSTRUMENTS UTILIZED
& POWERPOINT PRESENTATION

Questions for Student Interview

Name, gender, ethnicity/race, culture, religious affiliation, previous CPE units, at a VA or non-VA facility, Are you a veteran?

Prior Experience with Veterans

How long a period have you worked with veterans? If yes, in what setting and for how long? How has your theology positively or negatively impacted you personally in your ministry to veterans thus far?

Basic Theology

What is(are) your current image(s) of God?

What is your current theology of spiritual pain and suffering?

What is your current definition of sin?

What is your current theology of forgiveness?

What is your current theology of redemption?

What is your personal belief or understanding of *Thou shalt not kill*?

What is your religious affiliation's belief and teaching about war? Does it support men and women going to war? What is your religious affiliation's belief about *Thou shalt not kill* as you understand it?

Combat and War Related Issues

What is your current theology of war? When, if ever, is war justified?

How do you hold simultaneously *Thou shalt not kill* and the reality of killing in war?

How would you respond to a veteran who sees his killing in war as sinful?

What is your comfort level with a veteran's profound anger at God, or his/her blaming God for his absence when they called upon him for support and protection during combat?

How would you respond to a veteran who says, "Where was God in Vietnam or Iraq or Afghanistan?"

Do you have anyone in your family or friend who is a veteran? If so, who? (brother, sister, parent, cousin, spouse, partner, son/daughter, friend) Did this person participate in combat?

What, if any, were your observations of any symptoms or signs of the effect of these traumatic effects of combat on this individual?

Has this person shared with you any traumatic experiences of combat?

How do you carry out a ritual of welcoming veterans home while conflicted about war or morally opposed to killing?

Ethics

What ethical dilemmas surface in the VA setting?

How do you deal theologically with these ethical dilemmas – eg. End of life issues, death and dying, culture, religious themes and how they minister to veterans of similar or different religious traditions.

Spiritual Themes

What spiritual themes and issues are you dealing with personally and interpersonally?

How have the spiritual themes that have emerged thus far in the CPE Unit (at week 10 use spiritual theme chart identifying spiritual themes that have emerged in students work) impacted your relationship with God?

Evaluation of Tools of CPE Program

How was the orientation or orientation materials helpful in preparing you to begin your work with veterans? What was helpful, what was not helpful?

How were the CPE components of IPR, didactics, verbatim and supervision helpful in your work with veterans thus far?

Do you have any comments on specific didactics that were helpful or not helpful?

Do you have any suggestions for other didactics that would be helpful in your ministry to veterans?

STUDENT CONSENT TO PARTICIPATE IN THE PROJECT

(A separate VA document to be inserted here)

DIDACTIC EVALUATION BY INTERN

Didactic _____ Date _____ Speaker _____

SA: Strongly Agree **A:** Agree **N:** Neutral **D:** Disagree **SD:** Strongly Disagree

	SA	A	N	D	SD
1. The content was valuable.	_____	_____	_____	_____	_____
2. The presentation was effective.	_____	_____	_____	_____	_____
3. The session presented new information.	_____	_____	_____	_____	_____
4. The session objectives were met.	_____	_____	_____	_____	_____
5. The presenter was knowledgeable about the subject.	_____	_____	_____	_____	_____
6. The level of the content presented was appropriate.	_____	_____	_____	_____	_____
7. The audio-visual/hand-out materials were effective.	_____	_____	_____	_____	_____
8. There was sufficient opportunity for group participation.	_____	_____	_____	_____	_____
9. The physical setting was conducive for learning.	_____	_____	_____	_____	_____
10. How will you apply what you have learned today?					

(continued)

Didactic Evaluation, continued

11. What I found most helpful about this session was:

12. What I found least helpful about this session was:

13. General Comments:

Powerpoint Presentation

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